



HIV/AIDS Prevention in the Agricultural Sector in Malawi.

A Study on Awareness Activities and Theatre.

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Foreword

This report is the result of a three months project carried out by a consultant team of the Centre for Advanced Training in Rural Development (SLE), Humboldt University Berlin, at the request of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). The team members, with the exception of the team leader and the US-American team member, participated in the 39th annual training course.

Interdisciplinary consultancy projects are an integral part of SLE's training programme. The programme aims at preparing young professionals for assignments in bilateral and multilateral development organisations. It enables participants to obtain valuable practice in the use of action- and decision-oriented appraisal methods. At the same time, projects contribute to identifying and solving problems in rural development.

In 2001, the five groups of SLE's 39th course simultaneously conduct projects in Sierra Leone, Ecuador, Sri Lanka, on the Philippines and in Malawi.

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List of Abbreviations

ACB	A griculture C ommunication B ranch
ADD	A gricultural D evelopment D ivision
AES/GTZ	A griculture E xtension S upport
ANC	A nte- N atal C are
BCI	B ehavioural C hange I ntervention
CCTT	C hancellor C ollege T ravelling T heatre
DAES	D epartment of A griculture E xtension S ervices
DO	D evelopment O fficer
EPA	E xtension P lanning A rea
FAO	F ood and A griculture O rganisation of the United Nations
GTZ	G esellschaft für T echnische Z usammenarbeit GmbH (German Agency for Technical Cooperation)
ha	H ectare
HBC	H ome B ased C are
HIV/AIDS	H uman I mmuno-deficiency V irus / A quired I mmuno- d eficiency S yndrome
HAS	H ealth S urveillance A ssistant
ICRAF	I nternational C entre for R esearch in A groforestry
MBC	M alawi B roadcasting C orporation
MK	M alawi K wacha (1US\$ ca. 70 MK)
MoAI	M inistry of A griculture and I rrigation

MoHP	Ministry of Health and Population
NAC	National Aids Commission
NACP	National Aids Control Programme
NAPHAM	National Association for People Living with HIV/AIDS in Malawi
NGO	Non-Governmental Organisation
PHCU	Primary Health Care Unit
PSI	Population Services International
RDP	Regional Development Project
SLE	Seminar für Ländliche Entwicklung (Centre for advanced training on rural development)
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWET	The Story Workshop Educational Trust
ToT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary HIV Counselling and Testing
VHC	Village Health Committee
WHO	World Health Organisation of the United Nations

Executive Summary

Malawi is among the least developed countries in the world and is also one of the worst hit by the pandemic. About 16% of the population aged 15-49 years live with HIV/AIDS. The impact of the disease can be felt on every facet of the society, but since 85% of the population earn their living from agriculture, this sector is especially hard hit by the epidemic.

The Department of Agriculture Extension Services (DAES) within the Ministry of Agriculture and Irrigation (MoAI) recognised the challenge to fight the further spread of the disease. It also recognised the impact HIV/AIDS has on its extension staff and the target group, the rural farmers. The organisation of a Training of Trainers Workshop for extension workers, other field level staff, and community representatives as well as the exploration of alternative ways of communicating HIV/AIDS matters in the communities and the workplace were the first steps in response to the spread of HIV/AIDS.

In May 2001 the DAES conducted the first Training of Trainers Workshop to enable the participants to organise and conduct village events on HIV/AIDS issues as multi-sectoral facilitator teams. This programme has been implemented in three Extension Planning Areas (EPAs) in the pilot area Lilongwe West Rural Development Project (RDP).

A research team from the Centre for Advanced Training in Rural Development (SLE) undertook a three month study project supported by the Agriculture Extension Support project of GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit). The two main objectives of the study project were to explore possibilities of integrating theatre into the DAES activities related to HIV/AIDS and to evaluate the training of community representatives and extension staff and to give recommendations based on the findings. The overall purpose of the project is for the DAES to use the results and recommendations of the study to further improve its services in the field of HIV/AIDS prevention and mitigation in the rural agriculture sector.

The research team observed village events, compared the knowledge on HIV/AIDS matters between field staff who have and have not been part of the training of trainers workshop, and assessed the knowledge on HIV/AIDS at village level.

The team found numerous reasons for encouragement in the work of the trained field staff. At the same time the team noted areas for improvement and clarification.

tion to be addressed and implemented in the next Training of Trainers Workshops. Proposed interventions could include:

- Updating and revising the Training of Trainers Workshop curriculum.
- Undertaking a follow-up training for Training of Trainers Workshop participants incorporating new subject matter along with expanded training of key topics previously covered.
- Highlighting gender-based issues.
- Development of a manual to help facilitators to improve organisation and conduction of HIV/AIDS awareness meetings.
- Emphasising and encouraging cross-sectoral facilitation teams.
- Increased cooperation with NGOs working in HIV/AIDS related issues.
- More defined cooperation between ministries.

Regarding the subject of theatre and HIV/AIDS, the research team observed theatre performances, conducted group interviews with drama groups as well as post-performance interviews with spectators and with various theatre specialists and practitioners.

The high motivation of the drama groups and the impressing theatre performances observed, suggest that there is great potential in the exploration of theatre as an alternative form of communicating HIV/AIDS issues. Thus, possible ways of integrating theatre into the activities of the DAES are outlined in the study. Several key interventions involving theatre include:

- Redesigning the Training of Trainers Workshop curriculum to contain at least three days of training on theatre skills.
- Integrating modules on theatre skills into the follow-up training for participants of the Training of Trainers Workshop of May 2001.
- Organising an integrated HIV/AIDS and theatre training for representatives of community drama groups.
- Integrating the expertise of experienced theatre practitioners into theatre skills trainings.

- Supporting drama groups willing to perform at places outside their immediate environments.
- Supporting the formation of workplace drama groups in the MoAI.
- Establishing regular dialogues between different drama groups.

The study concludes that the Training of Trainers approach of the Ministry of Agriculture should be scaled up to a country-wide programme and that theatre should be integrated into the activities.

1 Introduction

The HIV/AIDS pandemic has become a serious health and development problem in many countries around the world. The Joint United Nations Programme on AIDS (UNAIDS) estimates the number of HIV infections worldwide at about 34.3 million by the end of 1999 (UNAIDS, 1999). About 24.5 million infected people – 70 percent of the total – are living in sub-Saharan Africa. No cure is available for AIDS, and the disease threatens the social and economic well-being of the countries.

The economic effects of HIV/AIDS are felt first by individuals and their families. The household impacts begin as soon as a member of the household starts to suffer from HIV related illnesses. Illness increases the amount of money the household spends on health care, keeps workers away from their duties and causes school drop-outs, especially of girls who often have to care for the patient and to assist their families by earning money. When children are withdrawn from school in order to save educational expenses and increase the labour supply, the household suffers a severe loss of future earning potential.

In Malawi, as in most other African economies, agriculture is the largest sector, and also one of the worst hit by the pandemic. Studies have shown that HIV/AIDS will have devastating effects on agricultural productivity caused by loss of labour supply which is likely to lead farmers to cultivate less labour-intensive crops. In many cases this may mean switching from cash crops to subsistent food crops. Production will also suffer from loss of knowledge since more and more households are headed by children.

The Ministry of Agriculture and Irrigation (MoAI) and its Department of Agriculture Extension Services (DAES) recognised the impact HIV/AIDS has had on farming communities as well as among its extension staff:

“The challenge to agricultural extension is, firstly, to maintain a healthy, energetic human resource both in the extension services and in the farming community, and, secondly, to prevent further spread of HIV/AIDS. This requires integration of HIV/AIDS mitigation measures in the agricultural development programmes on the assumption that a healthy nation is a productive nation. The programme on factoring HIV/AIDS awareness in agriculture should therefore be strengthened. Staff in the Ministry of Agriculture and Irrigation will also need HIV/AIDS education.” (MoAI, 1997:7)

Responding to the mission statement of “promoting equalisation (i.e. both equal-

ity and equity) in agricultural extension service provision through advocacy of gender, empowerment, poverty, environment, and HIV/AIDS concerns" (MoAI, 1997:12), the DAES with the assistance of the Agriculture Extension Support project (AES/GTZ) and Family Health International (FHI) conducted a Training of Trainers (ToT) Workshop on HIV/AIDS issues for extension staff and community representatives of the pilot area in the Lilongwe West Rural Development Project (RDP) in May 2001.

This ToT Workshop was intended to enable the participants to organise and conduct village events on HIV/AIDS awareness, spread, and control. These village events are supposed to be included in the daily work of the extension workers in co-operation with the training participants of other institutions and community representatives in order to form multi-sectoral teams (see 3.2.1).

A current interest of the MoAI is the exploration of alternative ways to disseminate HIV/AIDS information and to communicate HIV/AIDS issues in the communities and at the workplace. In particular theatre is regarded to be a useful IEC (Information, Education, Communication) approach to respond to the epidemic which can become part of a Behavioural Change Initiative (BCI).

1.1 Objectives of the project

The SLE (Seminar für Laendliche Entwicklung – Centre for Advanced Training in Rural Development) study project on the subject "HIV/AIDS Prevention in the Agricultural Sector in Malawi. A Study on Awareness Activities and Theatre." has been conducted on behalf of the AES/GTZ project during a three-month research phase in Malawi.

During the discussion on the results of the study the DAES expressed most interest in the exploration of theatre as a possible medium for HIV/AIDS awareness activities, besides the evaluation of the ToT Workshop and an assessment of the follow-up activities. The purpose of the study was to find out whether the Training of Trainers Workshop was successful and fulfilled its task to enable the participants to conduct village events and also to explore possibilities to integrate theatre into the prevention activities to make the efforts of the Department of Agriculture Extension Services (DAES) even more effective and efficient. According to this discussion the results were defined as follows:

- Possibilities of integrating theatre into the DAES activities related to

HIV/AIDS are explored.

- The training of community representatives and extension staff is evaluated and recommendations are given. These include possibilities of communicating the impact of HIV/AIDS on farming systems on village level.

These results should serve the goal of the project:

The rural population is empowered to prevent the spread of HIV/AIDS and to mitigate the impact of the epidemic.

As can be derived from the results, the focus of the study is to explore possibilities of integrating theatre into the HIV/AIDS prevention activities and to assist the Training of Trainers (ToT) Workshop participants by assessing their potential and needs, as well as giving recommendations concerning both subjects.

1.2 Procedure of the project

The findings of the study ensue from a six-week preparatory phase in Berlin, Germany, and three-months research in Malawi. During the preparation phase, objectives were discussed, research questions were formulated, a working plan was drawn up, and a tool box of different methods was created.

The research in Malawi itself was divided into four phases:

- Week 1: Visits to relevant organisations and institutions, literature research, final agreement on results
- Week 2 to 6: Field phase, followed by the presentation of preliminary results
- Week 7 to 9: Report writing, submission of draft report to stakeholders
- Week 11 to 12: Presentation of final result

2 Background information on Malawi and the project area

2.1 The country

World-wide, Malawi is one of the least developed countries, with all the implications like high infant mortality rate, low GDP, high illiteracy etc.. It is highly dependent on agriculture, and tobacco earns more than 50% of its foreign currency income. Natural resources are scarce and there is no easy access to the sea. Malawi is situated in southeast Africa, bordering Zambia to the West, Mozambique to the Southeast and Tanzania to the North. Administratively it is divided into three regions, Northern, Central and Southern, and sub-divided into 27 districts. Planned decentralisation will strengthen the districts. There are only three urban centres in Malawi, namely Blantyre in the South, the capital Lilongwe in the Centre and Mzuzu in the North.

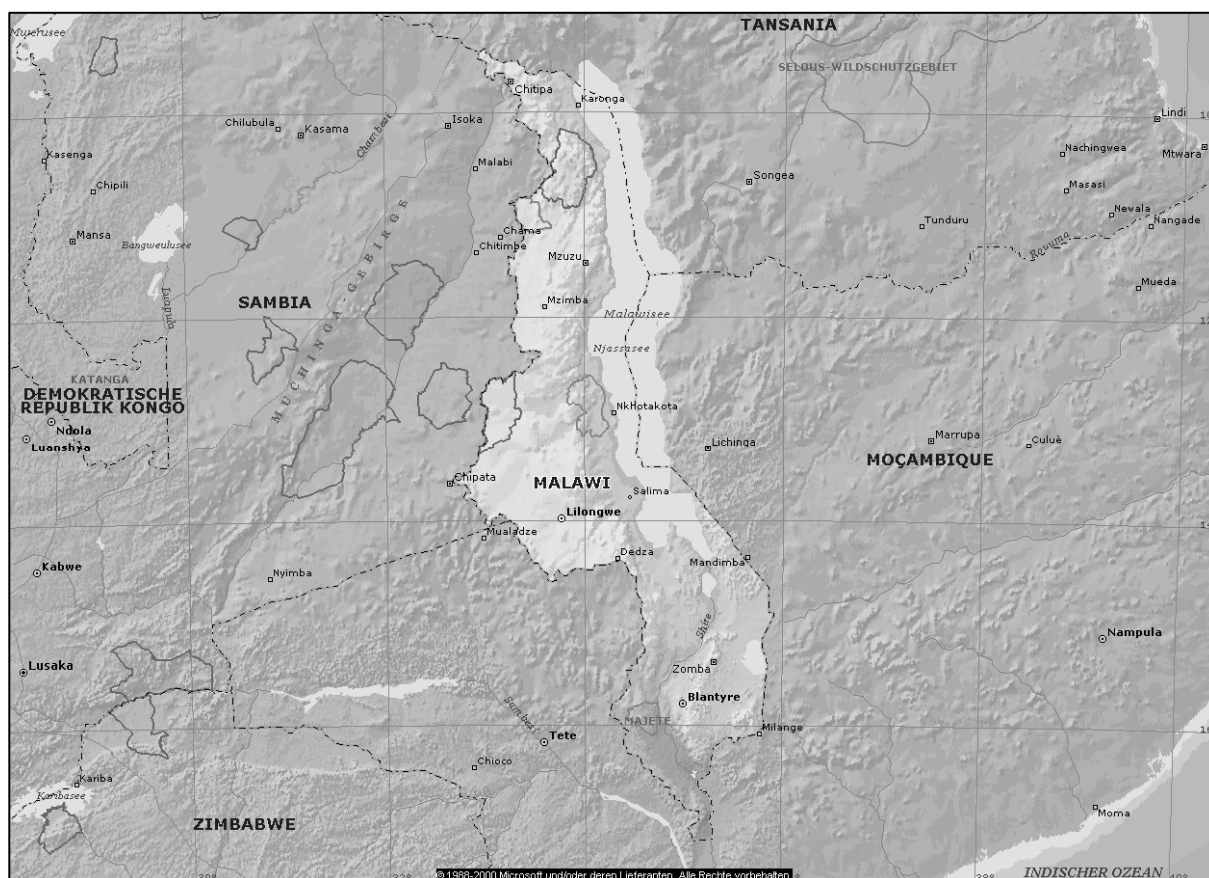


Fig. 2.1: Malawi and neighbouring countries (ENCARTA WORLDATLAS, 2001)

Malawi gained independence from Britain in 1964. After 30 years of one-party-

rule with a life president, people voted in a referendum for a multiparty system. Since 1994 Malawi has had a democratic government with a president as head of state and government.

Malawi is one of the most densely populated countries in Africa and the doubling of the population over the last twenty years is putting extreme pressure on land and natural resources as well as on the provision of essential social services. More than half of the population lives below the poverty line. In the 1999 Human Development Report, Malawi is ranked 132nd out of 143 countries on the Gender-related Development Index while on the Gender Empowerment Index it ranked 90th out of 102 countries (UNAIDS/MALAWI 1999).

Tab. 2.1: Indicators for Malawi

Surface Area	118,484km ² (UNAIDS/WHO 2001)
Total population (1999)	10,640,000 (UNAIDS/WHO 2001)
Urban population (1998)	14% (UNAIDS 1999)
Annual population growth rate (1998)	1.9% (UNAIDS 1999)
Per capita GNP (US\$) (1999)	210 (UNAIDS/WHO 2001)
Total adult literacy rate (1995)	56% (UNAIDS/WHO 2001)
Total male literacy rate (1995)	72% (UNAIDS/WHO 2001)
Total female literacy rate (1995)	42% (UNAIDS/WHO 2001)
Infant mortality rate (per 1000 live births) (2000)	103.80 (NATIONAL STATISTICAL OFFICE / ORC MACRO 2001)
Maternal mortality rate (per 100,000 live births) (2000)	1120 (NATIONAL STATISTICAL OFFICE / ORC MACRO 2001)
Life expectancy at birth (1996) in years	39 (UNAIDS/WHO 2001)

2.1.1 The HIV/AIDS epidemic in Malawi

The first 17 cases of AIDS in Malawi were reported in 1985. The HIV/AIDS Surveillance Report 1998 states 52,853 reported AIDS cases and an estimated HIV prevalence of 16.2% for adults (15-49 years old) (UNAIDS, 1999). As in most developing countries, there is gross under-ascertainment of AIDS cases. This is due to poor reporting systems, insufficient access to health care facilities, unwillingness of health workers to diagnose AIDS and not reporting diagnosed cases. "It is estimated that the reported cases can be more than 6 to 10 fold lower than AIDS cases that actually occurred. The requirement of a positive HIV antibody test result before an AIDS case can be reported, adds to the general problems of under-ascertainment of AIDS in Malawi." (UNAIDS, 1999:2)

The following figures illustrate the magnitude of the problem in Malawi (all UNAIDS / WHO, 2001:3).

Tab. 2.2: Estimated number of adults and children living with HIV/AIDS, end of 1999

Adults and children	800,000
Adults (15-49)	760,000
Women (15-49)	420,000
Children (0-14)	40,000

Tab. 2.3: Estimated number of deaths due to AIDS during 1999

Deaths in 1999	70,000
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Tab. 2.4 Estimated number of orphans

Cumulative orphans (since the beginning of the epidemic)	390,000
Current living orphans (at the end of 1999)	275,539

Sentinel surveillance results and estimates for the year 2001

Sentinel surveillance systems for HIV are designed to provide information on

trends to both policy makers and programme planners. The data is useful to help understand the magnitude of the HIV/AIDS problem in certain geographic areas and among special populations and also for monitoring the impact of interventions. This data also can be used for the preparation of estimates on the national HIV prevalence, suitable for advocacy purposes and district planning.

The HIV sentinel surveillance system in Malawi is implemented by the National AIDS Control Programme (NACP). Data is analysed for syphilis and HIV infection among ANC clients. HIV surveillance has been conducted at Queen Elizabeth Central Hospital in Blantyre since 1985. In 1994 a system of 19 sentinel sites was established. Sites were selected representing the urban, semi-urban and rural areas as well as the northern, central, and southern regions (NACP, 2001:1).

The HIV prevalence estimations derived from sentinel surveillance data published by the NACP for the year 2001 are presented in Tab. 2.5.

Tab. 2.5: HIV prevalence estimates (NACP, 2001:13)

Indicator	Value
National adult (15-49) prevalence	15%
Number of infected adults (15-49)	739,000
Urban adult prevalence	25%
Number of infected urban adults	224,000
Rural adult prevalence	13%
Number of infected rural adults	516,000
Number of infected children	65,000
Number infected over age 50	41,000
Total HIV positive population	845,000

Even if prevalence estimates based on this data tend to underestimate prevalence in some age and sex groups, whilst in other groups it is overestimated, these differences compensate for each other. In general, prevalence among

pregnant women is a good estimate of prevalence amongst adults in the 15 to 49 years age group.

Comparison of the data from previous years with the estimate for the year 2001 could lead to the assumption that HIV prevalence has started to decline. The NACP expert group on HIV/AIDS projection comments:

“Prevalence could decline for several reasons including a high death rate among older adults and behaviour change among young adults. An early indicator of behaviour change is prevalence in the youngest age groups. As noted earlier, prevalence is declining among 15-19 and 20-24 year olds in Lilongwe. However, there is no similar decline in Blantyre. There is no special decline in the youngest age groups. Examination of similar trends for specific sites reveals no clear trend in declining prevalence in the younger age groups except for Lilongwe. Thus, there is some evidence of behaviour change in Lilongwe but not elsewhere. This result needs to be confirmed by examining other evidence of behaviour change (increase in condom use, reduction in the number of partners, later age at first sexual activity) before firm conclusions can be drawn.” (NACP, 2001:17-18)

The government's response

A deeply ingrained culture of silence concerning HIV/AIDS prevailed in Malawi for many years. AIDS was called a “government disease”, meaning that it did not really exist, and was seen as an ailment only affecting the better-off in urban areas. Before the advent of democracy it was nearly impossible to talk about HIV/AIDS. During these times and up to the mid-Nineties, any effort made by the Government to deal with the problem appeared half-hearted and lacking in real determination.

This started to change with the formation of a cabinet committee on HIV/AIDS, headed by the Vice President of the Republic of Malawi. By the end of the Millennium, the publication of the Malawi National HIV/AIDS Strategic Framework 2000-2004 with a foreword by Dr. Bakili Muluzi, President of the Republic of Malawi, marked the way ahead to a greater commitment of the Government to address the problems related to HIV/AIDS.

The paper focuses on 13 main topics related to HIV/AIDS and serves as a guideline for all activities in the HIV/AIDS field.

Main chapter headings in the National HIV/AIDS Strategic Framework 2000-2004

(MoHP, 1999) are:

- Culture and HIV/AIDS
- Youth, social change, and HIV/AIDS
- Socio-economic status and HIV/AIDS
- Despair and hopelessness
- HIV/AIDS management
- HIV/AIDS and orphans, widows, and widowers
- Prevention and HIV transmission
- HIV/AIDS information, education, and communication
- Voluntary counselling and testing (VCT)
- Institutional framework
- Financing and resource mobilisation strategies
- Research
- Monitoring and evaluation

At present the centre of attention is on a Behaviour Change Intervention Strategy (MoHP, 2001) and on the formation of a National Aids Committee (NAC).

HIV transmission mechanisms in sub-Saharan Africa

There are a number of ways for HIV to be transmitted from one person to another. In sub-Saharan Africa and hence in Malawi there are three main transmission mechanisms:

Heterosexual contact is the main source of new HIV infections. Even if a single act of intercourse only carries a small risk of infection, two factors increase the chances of transmission. One is the presence of a sexually transmitted disease (STD) that can act as a door opener for the virus, the other is having unprotected sexual intercourse with various sexual partners.

Mother-to-child transmission accounts for approximately 10% of new HIV infections in southern Africa. The babies get infected during pregnancy, at birth, or via breast-feeding.

Blood transfusion is responsible for a small percentage of new HIV infections.

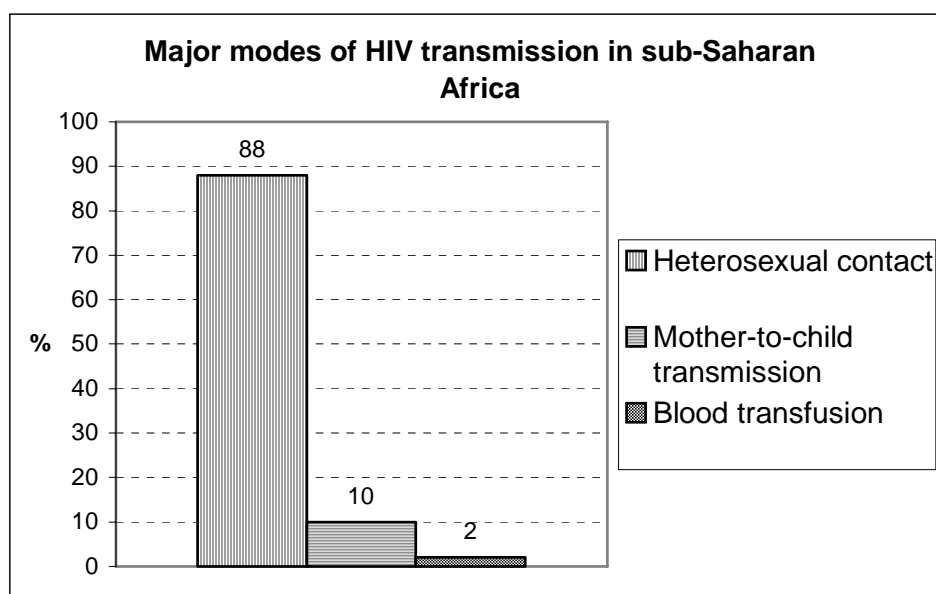


Fig. 2.2: Major modes of HIV transmission in sub-Saharan Africa

Incubation period and its role for future projections on the pandemic

The average time between a HIV infection and the development of the disease AIDS is approximately eight years (for adults). This distinguishes HIV from most of the other known infectious diseases. As the infected person often does not know about her or his infection status, this will contribute to the spread of the infection.

For children infected at birth, the incubation period is much shorter and most of them will die within the first five years of their life. Infants' immune systems have not yet fully developed which is the cause for the short incubation period for babies.

The long incubation period plus the absence of symptoms in HIV infected individuals, put policy-makers to an extraordinary challenge. Even if intervention strategies would work immediately and reduce the amount of new infections substantially, the already infected people will fall sick after some years and the prevalence of AIDS will still increase.

For Malawi, this means that, notwithstanding any success in prevention strategies, the annual AIDS death rate will increase during the coming years. This is also reflected in the projections of the policy unit of the National AIDS Control Programme (NACP).

Tab. 2.6: Key HIV/AIDS indicators from the Spectrum projection, 1982-2012 (NACP, 2001:17)

New AIDS cases (in thousands)	1982	1987	1992	1997	2002	2007	2012
Total	0.00	0.66	14.65	54.90	82.70	92.24	103.07
Males	0.00	0.41	7.69	25.78	37.03	41.90	47.24
Females	0.00	0.25	6.96	29.13	45.68	50.34	55.83
Annual HIV positive births (in thousands)							
Total	0.00	1.23	9.44	17.33	19.69	20.96	22.52
Percent	0.00	0.33	2.41	4.02	4.21	4.20	4.30
Annual AIDS deaths (in thousands)							
Total	0.00	0.45	12.04	50.58	81.05	91.34	101.82
Males	0.00	0.28	6.38	23.94	36.33	41.42	46.65
Females	0.00	0.17	5.66	26.64	44.72	49.92	55.18
Per thousand	0.00	0.06	1.37	5.05	7.21	7.29	7.33

Cumulative AIDS deaths (in millions)							
Total	0.00	0.00	0.03	0.20	0.55	0.99	1.48
Males	0.00	0.00	0.02	0.10	0.26	0.46	0.68
Females	0.00	0.00	0.01	0.10	0.29	0.53	0.80

Whiteside and Sunter summarise this fact as follows:

“...while prevention efforts may aim to lower the number of new infections, the reality is that – without effective and affordable treatment – AIDS will still be increasing long after the HIV tide has been turned.” (WHITESIDE & SUNTER, 2000:28).

The impact of the disease on rural communities

About 85% of Malawi's population live in rural areas and earn their living from subsistence farming. As in other African countries, women perform more than 80 percent of agriculture and household labour. “They engage in productive work (farming, community constructions) as well as reproductive work (child bearing, caring of the children, the husband, and the sick, household chores, etc). Unfortunately they get the least economic benefits from their efforts, especially in terms of farm land and household property, to enable them achieve productive life in the event of the death of the husband.” (BOTH A & MALINDI & MPHEPO, 2001:2)

Lack of arable land and the shortage of money for farm inputs, puts the rural Malawian population under severe pressure.

“Due to the high pressure on land, some 2.6 million smallholder farmers cultivate less than a hectare of land of which half cultivate less than half a hectare. Due to the low level of farm technology, inadequate irrigation, and a shortage of cash and credit to buy hybrid maize seed and inorganic fertiliser, those with between one-half and one hectare can produce only 40-70 percent of their staple food requirement, and by June (only a few months after harvesting) many rural people are reduced to eating two meals per day.” (MoAI, 2000:2)

Customs and cultural practices play an important role in the Malawian society.

The HIV/AIDS epidemic has a huge effect on those practices and vice versa. Certain cultural practices promote the spread of HIV as will be shown later in this chapter.

“The rural communities in Malawi are characterised by customs and organisational arrangements that give each member of the society security. The time spent on funerals, visiting the sick, attending celebrations and ceremonies etc., is in a way a subscription to the society, and thus enables the family to claim social security benefits in times of hardships. (...) These are social structures that have evolved over a long time and are the best known ‘pillars’ of guaranteeing a living to all members of the society. However, with the HIV/AIDS epidemic the very pillars of social security are now threatening not only the integrity of the social structures, but also the existence of its members.” (BOTH A & MALINDI & MPHEPO, 2001:7)

”Kumanda kale kumawirira. Lero njira ya ku manda ndi mseu, ndipo ana saopa maliro.” **(In the past graveyards were bushy. Now, the paths to the graveyards have turned into highways** [implying intensive use]. Children are no longer afraid of seeing dead bodies.) Focus Group Discussion with female farmers, Lilongwe. (BOTH A & MALINDI & MPHEPO 2001:8)

The effects of HIV/AIDS on village level and also the applied coping strategies are manifold. The following summary shows the effects HIV/AIDS has on village level in Malawi.

Effects of HIV/AIDS on village level:

Household labour quality and quantity may be reduced due to:

- HIV infected farmer falling sick
- Having to care for a sick family member
- Having to attend funerals (often lasting for several days)

Household expenditure increases due to:

- Having to provide a special diet for sick family members
- Need for special medication
- Funeral costs

Change in demographic structure of villages:

- More orphan-headed households
- More female-headed households
- More single parent-headed households
- More older people involved in farming activities
- More children involved in farming activities
- Less children attending school due to greater involvement in domestic and farming activities

General:

- Loss of knowledge, experience, and skills
- Reduction in cash income
- Reduction in food purchased
- Decline of nutritional status
- Switching to less labour intensive crops (e.g. from tobacco to maize) with implications on foreign currency income for the whole country
- Change in livestock types, e.g. from cattle to goats or chickens
- Less money for inputs
- Less time to care for children

The relationship between HIV/AIDS and poverty

It is not the intention of this paragraph to get involved in a controversy about the question whether HIV/AIDS is a disease of poverty or not.

In Malawi, there is a clear indication of a close relationship between the infection, the outbreak of the disease, and the socio-economic status, which is clearly stated in the National HIV/AIDS Strategic Framework for the years 2000-2004:

“Recent research shows a close relationship between socio-economic issues and the spread of HIV/AIDS. Women continue to turn to prostitution for lack of alternative economic activities while, at the same time, men tend to use money to buy sex. (...) For rural people, poverty and illiteracy reduce their capacity to access and utilise available information and services. This situation increases their risk of HIV infection.” (MoHP, 1999:27)

Examples where poverty aggravates the risk for contracting HIV or exacerbates the situation of infected people are:

- Poor medical infrastructure
- Poor access to STD treatment
- Lack of information due to poor education
- No money to buy condoms
- Desperation leading people to sell sex in order to earn money

Some aspects of cultural practices

This paragraph gives a brief introduction to some of the cultural practices existing in Malawi that might contribute to the spread of HIV/AIDS.

“Malawi has a very rich culture.” (MALEWEZI, 2001:15) Culture is passed on to the children through education. In some tribes, initiation ceremonies are part of the traditional education system. One of the main types of initiation ceremonies is designed to prepare girls and boys for marriage. Marriage is an important institution in the Malawian society as marriage marks the end of adolescence. The process of raising children includes their preparation for future roles as husbands and wives. In traditional education, men teach boys and women teach girls. Traditional educators are trained to talk open about sex and sexuality in a frank and

open manner (MALEWEZI, 2001:17).

Among the Chewa and Yao people, initiation ceremonies for girls involve a ritual known as *fisi* or *kuchotsa pfumbi*. This is supposed to prepare the girls physically for marriage / the marital act. "A man (usually much older than the girl) is asked to have sex with the girl in order to 'open the womb' or to break the mandatory communal period of sexual abstinence." (MALEWEZI, 2001:16) This is one of the most common cultural practices that spread HIV/AIDS.

There are two different kinds of *fisi* known and practised in the research area (see Annex III, Villager interview: Question No.20). One is *kuchotsa pfumbi*, the initiation rite. The other type of *fisi* is when a newly married woman does not get pregnant within a two or three months period after marriage. Another man is then invited to the house to impregnate the woman within a month's period (BOTA & MPHEPO & MALINDI, 2001:10; FOREMAN & SCALWAY, 2000:19; MALEWEZI, 2001:16; PERSONAL OBSERVATION). To show the difference, in this study the two types known as *fisi* are divided into *kuchotsa pfumbi* and *fisi*.

Poverty is the main reason for girls to get married at an early age. Parents are not able to support their daughters. They expect the sons-in-law to take over this responsibility. Another reason is that some parents fear the girls will become pregnant out of wedlock and therefore take them out of school so that they can marry, thus bringing honour to the family (MALEWEZI, 2001:14).

Chokolo is the Chichewa word for widow inheritance. A brother of the late husband of the widow is asked to inherit the widow and children to ensure the social welfare of the family (MALEWEZI, 2001:18; BOTA & MALINDI & MPHEPO, 2001:11). Although this cultural practice can be understood as a social security system, it bears a high risk of HIV/AIDS transmission from the widow to the brother if the deceased husband has died of AIDS. In many villages *Chokolo* was stopped some time back, but it was still mentioned by the villagers as the most important cultural practice, beside *fisi* and *kuchotsa pfumbi*, leading to transmission of HIV/AIDS (see Annex III, Villager interview: Question No.20).

2.2 The project area

The project area consists of the three Extension Planning Areas (EPA, see also chapter 3.1) Chileka, Ming'ongo, and Mpingu (from West to East). They are all situated within the Lilongwe West Regional Development Projects (RDP), along the main road from Lilongwe to Zambia about 33° east and 14° south. The area covers approximately 87,000 hectare (ha) with about 200,000 people living in 735 villages. The area receives nearly 800 mm precipitation during the rainy season lasting from November to April.

About 85% of the total area is classified as arable land. Most of the cultivated land is used by small-scale or subsistence farmers for maize, ground nut, tobacco and sweet potato production. Agriculture is the major source of income, supplemented by a considerable number of men who work in Lilongwe.

Most of the infrastructure is located along the main road to Zambia, while the population living in areas some distance away from the main road often does not have access to basic services.

Tab. 2.7: Facts about Chileka EPA, Ming'ongo EPA, and Mpingu EPA (Source: ADD-Report; RDP Lilongwe West, Crop Estimates 2001)

	EPA Chileka	EPA Ming'ongo	EPA Mpingu
Total area (in ha)	19,116.25	41,562.50	26,406.25
Arable land (in ha)	16,601.25	35,362.50	22,406.25
Non-arable land (in ha)	2,515.00	6,200.00	3,800.00
Maize (in ha)	10,426	7,138	6,198
Ground nuts (in ha)	1,848	1,400	714
Burley tobacco (in ha)	438	1,341	254
NDDF tobacco (in ha)	152	206	44
Sweet potatoes (in ha)	419	368	904
Sections	8	16	12
Blocks	64	128	96
Number of villages	135	378	222
Number of farm families	12,341	20,098	16,019
Number of female headed households	3,826	4,915	approx. 5,300
Number of health centres	1	4	3

3 The role of the MoAI in HIV/AIDS prevention and mitigation

This chapter touches firstly on the organisational structure of the Ministry of Agriculture and Irrigation (MoAI), and goes on to highlight the initial forays into HIV/AIDS related issues at ministry level. Further on in the chapter specific focus is put on the May 2001 Training of Trainers (ToT) Workshop and preliminary attempts made to implement an MoAI Workplace Programme.

3.1 The organisational hierarchy of the Ministry

As stated in chapter 2, Malawi is a predominantly agrarian society. As such, it is not surprising that Malawi's MoAI is present throughout most strata of the country. It employs people in diverse disciplines: from accountants and economists to research scientists and cartographers, and from field-level extension workers to headquarters administrators. The MoAI is divided into eight departments:

- Administration (which is comprised of the Divisions of Human Resources, Finance, Internal Audit, Procurement, and Transport)
- Agriculture Extension Services
- Agriculture Research and Technical Services
- Animal Health and Industry (Veterinary Services)
- Crops
- Irrigation
- Land Resource Management / Conservation
- Planning

Geographically, the MoAI is divided into eight Agricultural Development Divisions (ADD) which oversee 31 Regional Development Programs (RDP) which supervise 171 Extension Planning Areas (EPA). These EPAs are divided into sections of varying number. An EPA is an organisational unit, with operation sections each consisting of several villages. All eight MoAI departments have representative units at ADD level.

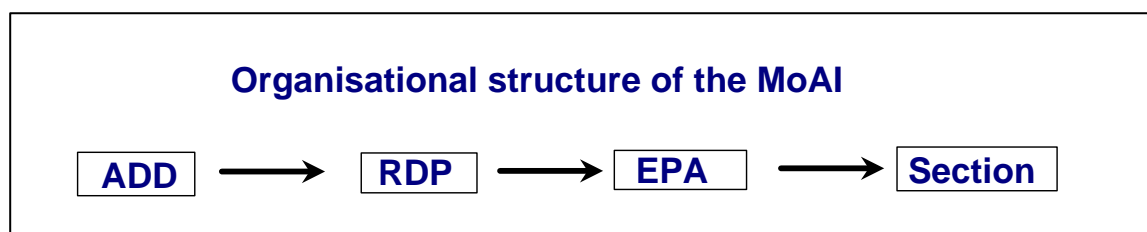


Fig. 3.1: Organisational structure of the Ministry of Agriculture and Irrigation (MoAI)

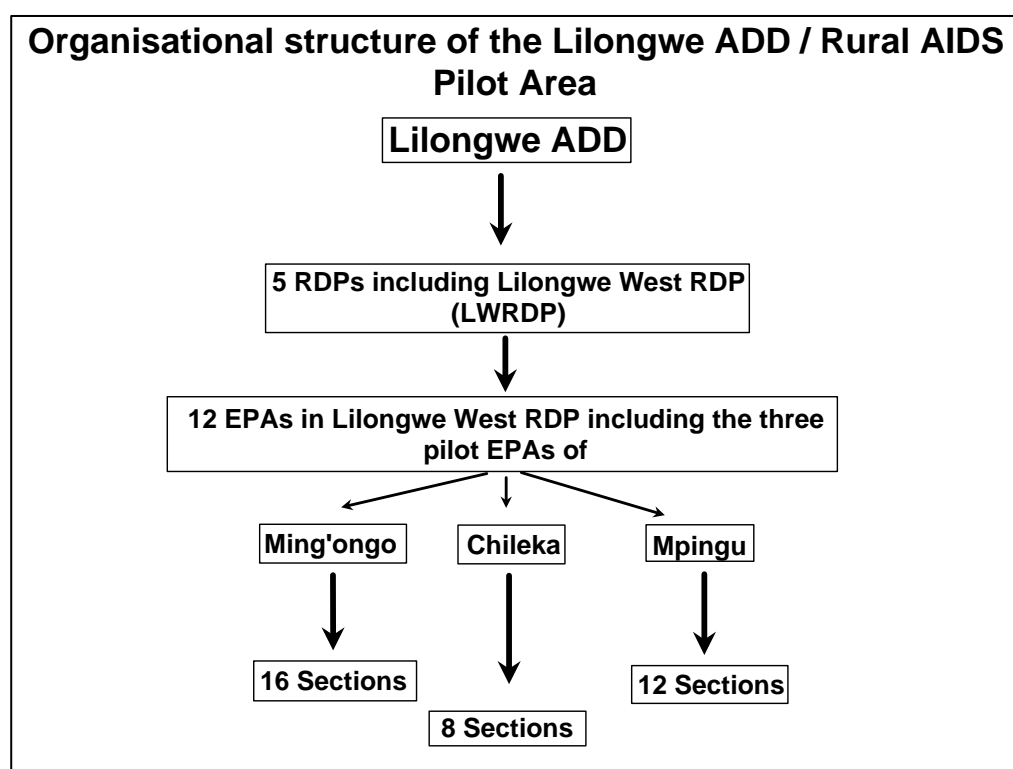


Fig. 3.2: Organisational structure of the Lilongwe Agriculture Development Division / Rural AIDS Pilot Area

3.2 Activities of the MoAI on HIV/AIDS

As it became clear that the HIV/AIDS epidemic was having a negative impact on every aspect of the agricultural sector, the MoAI undertook multi-faceted measures to understand and mitigate its debilitating effects. In late 1999, the NACP, UNAIDS, and the World Bank jointly provided assistance to the MoAI in a preliminary study into HIV/AIDS in Malawi's agricultural sector. This study led to:

- The initial concept and design of the MoAI Workplace Programme (see 3.2.2)
- The preliminary Rural AIDS Community Initiative, which will be addressed later
- A six-month consultancy to design a rural response to HIV/AIDS, which eventually contributed to the framework of the MoAI's Strategic Plan as well as the Community Toolkit. This was designed to help mainstream HIV/AIDS messages within ongoing rural development programmes in the MoAI.
- The formation of an organisational and operational structure to develop and implement local response to HIV/AIDS within the agricultural sector.
- The commitment, at various management levels within the MoAI, to begin implementation of both the Rural AIDS Community Initiative and the Workplace Programme (MoAI, 2000:3).

In addition to these initiatives, the DAES was tasked to develop a HIV/AIDS policy which can be implemented systematically by the MoAI, both internally (with employees) and externally (with clients).

The reasons for this were that internally, the MoAI was:

- Facing escalating attrition rates resulting from illness and deaths of employees. According to a survey of 285 staff of the MoAI in Lilongwe, 76% reported losing at least one colleague to AIDS (MALINDI, 2000).
- Experiencing a braindrain of many of the best-trained and most experienced employees through illness and death. Knowledge and skills were being lost at an alarming rate, and it remains difficult, if not impossible, to replace this loss timewise.

- Being hit by the mounting demands on its budget due to the increasing absenteeism, sick leave, and funerals of its staff. There was simply not enough money to sustain the transport needs and subsequent absence of productive staff to attend the ever-increasing funerals (often paid by the MoAI) of deceased MoAI staff and their families.
- Witnessing a decreasing standard in the delivery of services to its client, the rural farmer.

Externally, the MoAI was:

- Observing the same attrition rates among rural farmers and their families as it was seeing with its own employees.
- Seeing scarce resources, such as money and labour, diverted from the agricultural sector to the care of the sick and their eventual funerals.
- Tracking the plummeting yields of both revenue-generating and subsistence food crops due to the strain on the small farm holder. As farmers or their spouses became too sick to work, other less skilled and knowledgeable people were forced to take on the responsibility of planting and maintaining crops. As these family members were often ill-equipped, production and quality dropped.

Therefore, in March 2001, the DAES formed a team of MoAI staff that would be commissioned to revise the initial policy draft submitted in late 2000. In late May 2001, selected members of the DAES change team worked on the revision. The focus was to address the MoAI's internal concerns regarding the stifling effects of the HIV/AIDS epidemic on its employees and their families, to recognise the MoAI's clients' needs and to address how the MoAI could better mitigate the impact of the epidemic in their communities.

The Rural AIDS Toolkit was designed to supplement the Rural AIDS Community Initiative and facilitate the mainstreaming of HIV/AIDS messages into field level extension workers' existing work and to act as a guideline for facilitation and documentation of their proposed HIV/AIDS work. It emphasises a participatory approach that relies on communities taking responsibility for the prevention and mitigation of HIV/AIDS and the devastating effects that result. This toolkit became the basis for the ToT Workshop (see 3.2.1). Many of the tools, techniques, and exercises in the toolkit were discussed and practiced in the ToT Workshop. Another key feature of the toolkit is that it is gender-based. It has been proposed that the Rural AIDS Community Toolkit's mainstreaming and implementation would be overseen by the MoAI's recently-formed Gender and AIDS Desk Officers. This was an effort to ensure equitable roles and responsibilities in the target areas, and to make certain there is an equal distribution of resources, knowledge, and resulting benefits between men and women. As of October 2001, this toolkit is still in a discussion and refinement stage.

3.2.1 The Training of Trainers Workshop in May 2001

Realising the profound need to address HIV/AIDS issues within the agricultural sector, the DAES developed a curriculum for a multi-faceted workshop for cross-sectoral field level staff. It took place in early May 2001 and included extension staff from the MoAI and Ministry of Health and Population (MoHP) along with teachers, selected farmers, and other community leaders working and living in the three pilot EPAs of Chileka, Ming'ongo, and Mpingu in the Lilongwe West RDP.

The workshop's objectives were to both build the capacity of the participants to facilitate positive change in the areas of HIV/AIDS prevention as well as sharing the tools and skills necessary for mitigating the debilitating effects of HIV/AIDS in the communities in which they live and work (BOTA, 2001:1).

Ultimately, it is hoped, the lessons learned in the RAIDS Initiative pilot area as well as refinements to the ToT curriculum will be incorporated into a scaling-up of these mainstreaming methods to other ADDs (see 5.1).

3.2.2 The Workplace Programme

Another key component of the MoAI's activities to mitigate the burden of the epidemic on the agricultural sector was the development and implementation of a ministry-wide HIV/AIDS Workplace Programme. This programme targets all employees of the MoAI and wants to give them comprehensive information about the HIV/AIDS problem. The goal was to use MoAI Headquarters, Departmental Head Offices, and the Lilongwe ADD Head Office as initial entry points for this initiative. Particular attention was given to the design and application of HIV/AIDS mainstreaming tools and techniques within existing programmes and projects. Also, emphasis was placed on improving strategies for the scaling-up of the Workplace Programme to the other ADDs, research stations, and the like.

Task forces were formed at headquarter, ADD, and RDP level to ascertain and address the ever-changing needs and demands placed on these offices and their employees by the HIV/AIDS epidemic.

Training and orientation sessions were planned to explain the philosophy, rationale, and goals of the Workplace Programme, and also to highlight the importance of a holistic bottom-up and top-down saturation of HIV/AIDS messages throughout the MoAI.

As dialogue increased, new workplace initiatives were undertaken. Two drama groups were formed consisting of MoAI staff in Lilongwe as a way of disseminating HIV/AIDS messages in a different manner. Another drama group was formed by field staff in the Mpingu EPA. Their goal was to integrate theatre performances on HIV/AIDS into structured village events, where it would be used as an icebreaker to promote interest and dialogue among the villagers. More recently, a Drama Taskforce has been formed within the Lilongwe divisions of the MoAI to investigate and employ theatre as a means to disseminate HIV/AIDS messages within the context of existing agricultural programmes and projects (see 6.5.1).

4 Materials and methods

This chapter gives a comprehensive summary of the materials and methods used for gathering information, analysis, and findings of the research. As the study is focused on two main subjects, this chapter has been divided into 4.1 and 4.2.

The first part of the chapter is dedicated to the evaluation of the Training of Trainers (ToT) Workshop held in May 2001. Evaluation methods include interviews, questionnaires, and participant observation of village events which were conducted by participants of the ToT Workshop. This was done to ascertain the participants' knowledge on HIV/AIDS and to scrutinise whether the methods taught and used during the ToT Workshop were adequate and applied by the participants.

Concerning the second part of the study, the theatre topic, the main research activities were to meet existing drama groups working on HIV/AIDS issues in the project area. Performances were observed, discussions with the drama groups and interviews with spectators were conducted. Possible perspectives and recommendations for the further integration of theatre into the activities of the DAES were developed as a result of the study.

4.1 Materials and methods for training evaluation

Being aware of the short time span between the ToT Workshop conducted in May 2001 and this evaluation, the DAES was more interested in assessing the activities following the training than in evaluating the impact of the activities on the rural population. The evaluation was therefore designed to lead to recommendations for the next proposed ToT Workshop in the pilot area Lilongwe West RDP.

The major research questions for the evaluation of the Training of Trainers Workshop in May 2001 were:

- What did the participants learn during the workshop?
- How did the ToT Workshop affect the ToT participants?

-
- How do the ToT participants organise and conduct village events?
 - What are the effects on the villagers?

The evaluation of the ToT Workshop was mainly focused on interviews with ToT participants and villagers, supplemented by participant observation of village events on HIV/AIDS issues (see 5.2). For each of the eight village events a data sheet was compiled containing information, e.g. who conducted the event, how many villagers attended, what the covered topics were, which methods had been used etc.. The original plan was to observe ten village events but due to funerals and other ongoing activities in the communities, only eight events could be observed. At least one team member took detailed notes of each event assisted by a simultaneous translator.

To evaluate the knowledge of the training participants a questionnaire had been developed based on a study conducted at the beginning of the year 2001 (BOTH A & MALINDI & MPHEPO, 2001) and 29 ToT participants were interviewed. The age of the 29 interviewed ToT participants varies between 22 and 63 years. 22 of them are male, seven are female. 15 of the interviewees are employed by the MoAI, eight by the MoHP, three by the MoE, two are farmers and one is a chief.

The questionnaire included seven knowledge questions on HIV/AIDS. Those questions, used in the above mentioned study (BOTH A & MALINDI & MPHEPO, 2001:48-57), were asked again to compare the knowledge of untrained and trained (by the MoAI) field extension staff. It was primarily designed to assess the knowledge of the ToT participants. To amplify what had been written they were also questioned about their experiences in conducting village events. These interviews contained 20 questions and were conducted in English without a translator. The questionnaire as well as the semi-structured interview is attached to this report in Annex II.

In order to get an impression of how the villagers perceived the village events and if the village events had any effect on their attitudes and opinions, 35 villagers were interviewed: 18 men and 17 women. According to the gender of the interviewee, the interview was conducted by a female / male team member and translator. The semi-structured guideline interview, containing 27 questions, was divided into three parts. The first part was dealing with questions on the village event itself, the second focused more on knowledge, and the third was concerning personal opinions.



Fig. 4.1: Interview with one of the female villagers after the village event in Thumbi on 5 September 2001

For the purpose of rating and comparing that information and to find out whether there were any differences in knowledge and personal opinions, 36 villagers (18 men and 18 women) from other communities who never attended an HIV/AIDS related village event were asked the same knowledge and personal opinion questions (21 questions).

The interviewees were selected according to three different age groups: youth (up to 20 years), young age group (21 to 39 years), old age group (40 and above), and chiefs.

All tables concerning the evaluation materials of the ToT Workshop are also attached in Annex II.

4.2 Materials and methods for the theatre research

For the purpose of exploring the possibilities of integrating theatre into the DAES activities the research team observed ten different theatre events (some of them comprising several performances), interviewed 18 spectators and met twelve drama groups. All of the drama groups were from Lilongwe or the pilot area except St. Anne's Drama Group from Nkhotakota, which was considered to be an example of a hospital-based group, based in a different part of the country. Besides data collection at grass-root level during and after theatre performances, interviews were conducted with theatre specialists and practitioners from Chancellor College in Zomba and the Blantyre-based NGO The Story Workshop as well as from government institutions.

For each of the observed performances *data sheets* were completed, giving an overview of the number of actors performing, the covered topics, the structure of the whole event, the storylines, the interaction with the audience and the general impression of the observers (see 6.3). All performances were simultaneously translated for at least one person taking notes. These data sheets provided the basis for the reconstruction of the storylines. They were also used to recall the setting and the number of spectators and to identify and critically reflect especially interesting points (for an example of the data sheets see Annex IV).

All groups were usually interviewed after their performances. Most of these group interviews were conducted in the form of group discussions, facilitated by one or two team members assisted by one translator. In two cases the director of the group was interviewed.

The questions asked in the group interviews can be divided into three different parts – the guideline for the interviews can be seen in Annex II:

- Questions on the organisational form of the group: how often they rehearse and perform, how they create storylines, about their personal backgrounds, etc.
- Questions on their opinion about theatre as a means for HIV/AIDS prevention
- Questions on their perspectives and on the constraints and needs of the groups



Fig. 4.2: Group interview with Chitedze HIV/AIDS Awareness Group

Spectators were interviewed individually directly after the end of a performance in semi-structured interviews by one team member supported by a translator. In total, nine men and nine women were interviewed. Although this number is clearly not representative for the whole audience, the answers do give an impression of how theatre is being perceived by spectators of the observed performances.

The tables in Annex II show the locations where the spectators were interviewed as well as the names of the performing groups. These semi-structured interviews contained seven questions, the majority focused on the spectators' perception of the performance and their views on theatre and HIV/AIDS. The complete results of the group interviews and of the spectator interviews can be consulted in Annex IV.

If they are referred to in the text, questions of the group interviews are marked “Q”, questions from the spectator interviews are marked “q”.

The information given in the interviews was analysed in a qualitative way in order to enable the research team to describe the activities of the drama groups, to reflect on perspectives of the integration of theatre into HIV/AIDS prevention, and to formulate recommendations.

5 The evaluation of the Training of Trainers (ToT) on HIV/AIDS issues

This chapter starts with an overview of the May 2001 ToT Workshop, focusing on the content covered and the methods employed. It continues with observations of the ToT participants' post-training activities. It then follows with a detailed analysis of interviews conducted with villagers from the pilot area who either had or had not attended an HIV/AIDS village event, comparing the two groups' knowledge and opinions. The chapter concludes with an analysis of questionnaires and interviews provided by a sample group of ToT participants conducting HIV/AIDS awareness meetings in the pilot area.

5.1 The Training of Trainers Workshop objectives and curriculum

The MoAI's DAES, with support and funding from Family Health International and Deutsche Gesellschaft für Technische Zusammenarbeit GmbH (GTZ), undertook a two-week ToT Workshop that ran from 7 to 17 May 2001. It consisted of 52 extension workers and other field-level staff, teachers, and community leaders representing the three EPAs within the pilot area of the Rural AIDS Community Initiative (see Tab. 5.1).

The "Training of trainers workshop to build capacity of community facilitators for addressing HIV/AIDS in the context of agriculture" was facilitated by a ToT training team comprised of six MoAI staff and three consultants from Bunda College, Family Health International, and GTZ respectively.

The ultimate goal of this ToT Workshop was to build the capacity of the participants in their role as community facilitators, to address HIV/AIDS issues in the context of existing agriculture extension work. To accomplish this, the objectives of the ToT Workshop were four-fold:

- To develop the participants' skills in the facilitation of community events
- To increase the participants' knowledge and understanding of HIV/AIDS – recognising the dynamics that allow the epidemic to spread through a community
- To explore the impacts of the epidemic in the Malawian society and to ascertain the measures necessary to mitigate these impacts
- To raise the participants' capacity to plan intervention strategies that will slow the spread and mitigate the impacts of the epidemic

Tab. 5.1: The ToT participants breakdown into posting / profession, number of participants, sex, and workplace

Posting / Profession	Number of participants	Sex: Number of participants	EPA: Number of participants
MoAI	23	Female: 13	Chileka: 15
MoHP	14	Male: 39	Ming'ongo: 17
MoE	9		Mpingu: 20
Farmer	4		
Village Headman	1		
Church Elder	1		

The training team and participants met in a plenary session each morning. Dif-

ferent trainers facilitated different activities or discussions according to their expertise. Most of these activities / discussions were translated into or conducted in Chichewa as all but the FHI and GTZ consultants were native speakers.

The first week of the ToT consisted of in-class training focusing on lessons outlined in the MoAI's Rural AIDS Community Toolkit (see 3.2). Specific training sessions were programmed to share with the participants practical tools along with suggestions of the training team on how to better utilise these tools. The second week saw the 52 participants returning to their respective EPAs for a field phase during which they attempted to apply the tools and lessons of week one in HIV/AIDS village events.

What follows is the schedule and topics covered during the first week of the May 2001 ToT Workshop (BOTA, 2001:4-12):

Topic one: Setting the stage for a participatory approach

Activities

- Welcome
- Getting to know each other
- Introduction to the workshop
- Open discussion: Everyone's expectations and concerns regarding the workshop
- Rules of the workshop
- Roles and responsibilities of training team and participants

Topic two: Process facilitation skills. Designing a personalised toolkit for community mobilisation

Activities

- Active listening: Stressing the importance of coming to a discussion open-minded and not predisposed to judgement or presupposition
- Strategic questioning: Important / useful answers come from asking the right questions
- Reflection: Participants were asked to recall one moving personal experience in regards to HIV/AIDS. This was to encourage and foment empathy while illustrating how much the group has in common.

- Icebreakers: Methods to inject new energy / interest into an audience
- Opening and closing an activity: Basic techniques to succinctly begin and finish a training session or event
- Brainstorming: It is imperative to involve as many of the audience members as possible. This is a method that allows a great many inputs, promoting an open forum.
- Small group facilitation: Learning how to conduct and direct small group sessions (as opposed to plenary) allows the facilitator more latitude in teaching especially sensitive topics
- Establishing priorities: People / communities prioritise their perceived needs
- The carousel: Method of demonstrating and disseminating skills and knowledge. Small groups of trained participants facilitated a mini-course on a particular topic: brainstorming or active listening, for instance. The training team members rotated (carousel-style) among the small groups where brief presentations were given. This was in preparation for a carousel to be conducted for dignitaries later that month at the conclusion of the ToT Workshop.

Topic three: The nature of the epidemic

Activities

- Objective facts: Assessing the knowledge on the HIV/AIDS epidemic of each of the 52 participants
- Subjective facts (the wildfire game): Illustrates how HIV/AIDS can sweep through a community (like wildfire). In small groups of 8 or 10, each participant is given a bundle of index cards. Some bundles are all blank while others are marked with an "X". Participants exchange one of their cards with another person as they greet each other. The "X" symbolises HIV and the greeting represents unprotected sexual intercourse. After some minutes of greeting, everyone looks at their new cards. Finding an "X" among their bundle means that person has contracted HIV. The hope is that recognition of this dynamic can promote behavioural change among the par-

ticipants in the ToT and the villagers when this exercise is used in the field.

- Reading the data: How to interpret and deduce results from raw data
- Addressing difficult issues: Strategies for broaching sensitive topics in a community setting e.g. condom use. The facilitators gave a condom demonstration using a wooden penis.

Topic four: Exploring the impact of the epidemic

Activities

- The unfolding of the epidemic: Exploring the factors that determine how a disease becomes an epidemic – from characteristics of those infected to the natural history of infection and the social, cultural, and economic milieu in which it occurs
- The centre of the analysis: Touching on the unfolding scenarios that lead to an epidemic
- Mapping the socio-economic impact of HIV/AIDS on food production: This is a case study of one family and how the illness of one parent affects the fundamental characteristics and roles of the entire family as it relates to food security.

Topic five: Developing and mobilising a community response

Activities

- The centrality of behavioural change: Exploring how behaviours are ingrained and modified in a society
- A family affected by HIV/AIDS: A case-study depicting how behavioural change begins with an individual choice and can expand to include families, and later, communities
- Life cycle of key family members
- Personal, family, and Community Action Plans: How to plan, follow, and monitor an action plan. Action plans need to be thought out and evaluated before implementation. Skills and techniques for drafting Community Action Plans are emphasised as these are the key to the eventual scaling-up and mainstreaming of the Rural Aids Community Initiative.

Topic six: Working with communities – practical tools to reach adult audiences

Activities

- Preparation of materials: A major obstacle when facilitating training sessions at community level is finding teaching and demonstration materials that are appropriate to the audience and inexpensive enough to produce and use. The training team introduced a series of tools including drawings, anecdotes, narrations, mapping materials, theatre, role play exercises, and songs.
- Presentation of materials: In small groups, participants attempted to produce their own appropriate teaching and demonstration materials or tools for use in their EPAs. These tools were then presented to the training team and other groups for critique and discussion.

All the participants were given a box containing 144 condoms as well as a wooden penis to be used for future demonstrations in the field.

Following this, the first week of the ToT Workshop was adjourned. The participants returned to their homes to prepare for the second-week's field-phase.

The training team travelled to the pilot EPAs to observe the ToT participants in village events as they applied the previous week's lessons and the knowledge learned. The training team examined each village meeting in order to give each trainee-group feedback the following week on technical issues, areas for improvement, and commendable implementation of knowledge / skill.

In the last week of May 2001, the ToT participants and trainers reconvened at the Baptist Theological Seminary to discuss the previous week's activities in the field. The participants prepared and presented their new knowledge and skills, acquired during both the in-class and field phases, to a group of invited dignitaries which included government officials, donor community representatives, non-governmental organisations (NGO) representatives, and interested private individuals. This was done in a carousel-style allowing each dignitary an opportunity to play the role of trainee at the different carousel stations. The participants were

then presented with certificates of participation bringing to an end the first ToT Workshop.

5.2 Post-training activities

During the field phase of the research team that started in August 2001, the team accompanied groups of ToT participants to eight village events.

Time, venue, and the broad subject (in this case HIV/AIDS awareness) were discussed in advance with the responsible village headman who later invited the village inhabitants to attend the event. His role became that of an organiser and co-ordinator and his co-operation was crucial for the success of the planned HIV/AIDS awareness meeting. In the traditional Malawian system of power, the village headmen play an important role at grass-root level. They give guidance to their fellow villagers, act as a court at lower levels of disagreements and are normally highly respected. Village headmen are not elected, the chieftainship is inherited. Field workers are well aware that good co-operation with the village headmen of their respective area is crucial to the success of their interventions.

The village events were supposed to start between 8.30 - 9.30 a.m. at a central place in the village. Due to communication breakdowns, other commitments and especially funerals, this time frame often needed to be amended. Two planned meetings were called off completely due to funerals. One event had a very low number of attendants because people had already left when the field workers arrived late due to transport problems.

The venue was usually an open space (sometimes a local sportsground) with little shade. The audience was seated on the ground and the village headman, the often invited chiefs from neighbouring villages, the field workers, and the research team were offered chairs. This row of chairs was facing the audience and the activities took place between the "guests of honour" and the audience. Women and men were always sitting in separated groups, sometimes more than ten metres apart. Children, depending on their age, could be found with their mothers, sometimes with their fathers, and often in separate groups.

All events started with a brief opening speech by the village headman and an opening prayer followed by an introduction of all guests.

Size of audience, number of facilitators and duration of the events can be viewed

in the following Tab. 5.2.

Tab. 5.2: Statistical data on the village events

Average duration of a village event	85 minutes (max. 110 minutes, min. 45 minutes)
Average number of participants	91 persons (max.150 persons, min. 47 persons)
Average number of female participants	25 women (max. 40 women, min.15 women)
Average number of male participants	29 men (max. 50, min. 15 men)
Average number of children attending	38 children (max. 100 children, min. 10 children)
Average number of facilitators	3 facilitators (max. 6 facilitators, min. 2 facilitators)
Availability of female facilitators	In three out of eight village events one female extension worker participated

The contents of the village meetings can be summarised under four main themes:

The *Awareness* part deals with the biological details of HIV infections, the developing disease AIDS, and signs and symptoms. It is vital to transmit the message that HIV infection cannot be seen. During the study it became clear that the biggest misunderstanding lies in this area and that many people still think that healthy looking people cannot be infected with HIV. It will be discussed later how these facts can receive more attention in future trainings for facilitators.

The *Spread* issue deals with all ways of transmitting the virus. It is focused on topics like prostitution and on cultural practices which promote transmission. Traditional healers and unregistered medical practitioners are also mentioned under this heading, as well as widow inheritance.

Control comprises the big areas of prevention and human behaviour. The role of condoms, their use, questions concerning their reliability and misconceptions are discussed under this heading. Change of behaviour, mutual faithfulness and voluntary HIV counselling and testing (VCT) are placed under the control category as well.

Impact is an area where the rural population can contribute a great deal. They see and feel the changes in their villages, be it the many funerals or the increasing number of orphans. Also, nowadays there is a greater number of sick people to care for and the changes in agricultural production can clearly be felt by the villagers.

Tab. 5.3 depicts the topics covered during the eight village meetings. It is important to note that some of these events were already the second or third meetings and could build on previously discussed subjects. Five out of the eight villages had at least one meeting prior, while for three villages it was their first encounter with the subject.

Tab. 5.3: List of topics covered during eight village events

Topics covered during the eight village events	Number of times discussed
Awareness (details on infection, signs of AIDS)	3
Spread (transmission, traditional healers, unprotected sex, widow inheritance, prostitution, polygamy, promiscuity, role of culture)	7
Control (prevention, behavioural change, faithfulness, condoms, HIV testing)	8
Impact (risk of HBC, funerals, orphans, agricultural productivity)	6
Forming of committees (on orphans, HBC; general HIV/AIDS village committee)	1

The condom subject as an example for an issue presented at village meetings

The role of condoms in village events can be used as an example of how discussions were structured and how the flow of events took place.

Condoms were usually mentioned by one of the younger male villagers and often led to some controversies. Some people objected due to fear that condoms could promote promiscuity. Others doubted their reliability (“condoms are porous”, “oil on condoms could be dangerous”). The reaction of the entire group of facilitators to these allegations was to explain that condoms were safe to use, not porous and not dangerous to the user’s health. The moral argument concerning promotion of promiscuity was counteracted by explaining that the best way to prevent the spread of HIV was faithfulness but for those who could not abstain, condoms were the best alternative. The facilitators refused to become involved in deeper

moral or religious discussions and stuck to the mentioned line of argumentation. The audience took this discussion over with both men and women contributing. Some women asked about female condoms. Only one of the female extension workers was able to give proficient answers on this subject.

Another line of argumentation were analogies of “eating sweets in paper” or “showering in a rain coat”, meaning that the use of condoms affects the sexual feelings negatively. Here again, the facilitators did not get involved too much and many villagers attending the events came to the conclusion that these discussions should stop since the deadly face of the problem clearly could be seen.

In one village the men were apprehensive to discuss the issue of condoms in front of children, while the women wanted the children to stay.

A group of men was also afraid that condoms might negatively influence the sexual feelings of women. The women present at this village meeting answered instantaneously that they did not see any problem.

Some words of villagers concerning condoms:

“Condoms are made in the USA for the purpose of preventing HIV/AIDS – so we should better use them.” (Boy, 8 August 2001, Mawere)

“Try to control yourself and if you do not manage use a condom.” (Male villager, 8 August 2001, Mawere)

“Do it for your own sake – throwing a condom away means throwing your life away.” (Facilitator, 5 September 2001, Thumbi)

Tab. 5.3 shows that the facilitators broached the subject of condoms often. Observations of village events and personal discussions with field workers allow the research team to assume that the unambiguousness of the subject is one reason for this. If a field worker has established her/his own positive opinion regarding condoms and she/he has experienced that most of the audience react positively to the topic, condoms will be an easy-to-present subject. While other parts of HIV/AIDS issues are very theoretical, the condom portion is a mixture. The practical part of demonstrating the condoms on a wooden penis gives the facilitator a chance to utilise visual aids, instead of acting solely as a verbal presenter.

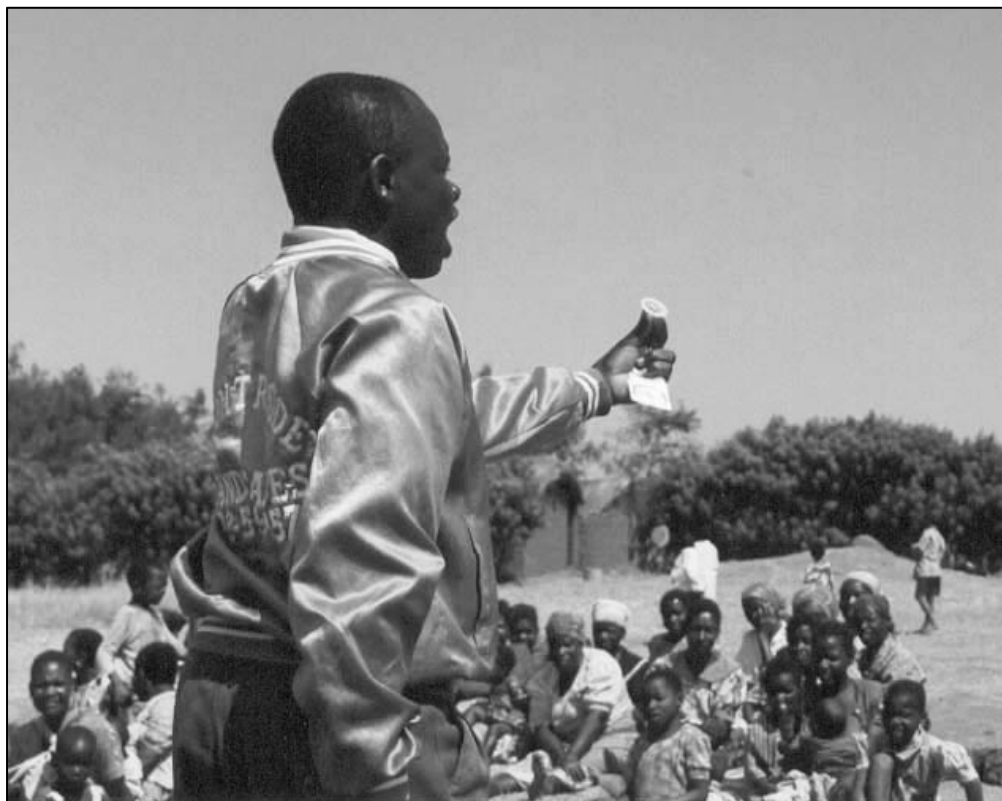


Fig. 5.1: One of the ToT participants demonstrating the correct use of a condom at the Masakamika village event on 15 August 2001

The study team could observe some problems in relation to condom demonstrations. During one village event a facilitator tried to show the use of a condom by pulling it over his entire hand. As was to be expected, the condom tore, and the feeling of the audience was that these things were not as safe as they were told. Another facilitator opened a condom pack with his teeth, which bears the risk of damaging the condom. In addition, the teams often started the condom demonstrations too early, before the audience was sufficiently sensitised for the subject. Overexcitement, lack of sensitivity, and also, lack of training could be a reason for this.

The following issues were brought up by villagers and addressed by facilitators in different ways. It is necessary to deal with them in future training sessions for trainers or in supervision meetings:

- Money and prostitution (some farmers do not return home after sale of

cash crops in town but spend the earned money on drinks and women – also in this context: prostitution and poverty)

- Home Based Care (HBC) – need to care for the sick and the fear of contracting the virus through casual contact
- Voluntary HIV Counselling and Testing – positive attitudes regarding HIV testing but problems concerning access to testing facilities
- Alcohol consumption resulting in a loss of self-control
- Inability to control her/his own sexual desire – often discussed in relation to condoms
- Insufficient medical knowledge of unregistered medical practitioners, traditional healers and traditional birth attendants (especially in relation to hygiene and sterility)
- Cultural practices and rites (role of widow inheritance, initiation rites, fisi)
- Focus on men by male facilitators (women were sometimes not addressed as equals)
- Role of committees (will the committees fall dormant soon, do facilitators give them guidance, have they planned follow-ups?)

How did the facilitators use the modules presented to them during their training?

Chapter 5.1 gives an overview on the topics covered during the ToT Workshop in May 2001. The question now is how the course of events in the villages reflects on these topics. The training was conducted in a manner that offered the participants the methodological assistance as well as knowledge concerning the subject of HIV/AIDS.

On the knowledge component, Chapter 5.4 will reflect how the facilitators themselves rate their familiarity with the HIV/AIDS issue. The observation of eight village events did not show any gross mistakes or severe deficiencies in knowledge. The facilitators did not cover the whole range of subjects taught at the ToT Workshop. They probably avoided areas where they did not feel conversant enough. They mentioned to the research team that they felt a need for more knowledge training or at least a refreshing of their previous training.

“Knowledge dies if you do not refresh it.” Extension worker from Mpingu, 8 August 2001

The area of methodology gives the impression that the ToT participants are eclectic about methods, choosing to build their own teaching techniques.

Chapter 5.1 shows a wide variety of methods introduced to the trainees in May 2001. This variety encompasses tools for participatory learning, methods on how to structure events, techniques on how to read data and how to organise educational games, to name only a few. As there was no written toolkit given to the participants at the time of their training, it appeared that they were not able to remember all the issues in detail, which might be the reason for non-application.

The dominant style in their approach to villagers was a kind of frontal lecturing with some participatory elements included. Most of the facilitators used icebreakers at the beginning of an event or as an element to inject new energy or interest into an audience during the event. Songs, poems or short theatre episodes were discussed with the villagers and often occurred as a spontaneous contribution from the audience.

Questions and answers were the backbone of the meetings and all villages were quite open in their attitude regarding the subject.

The field workers mentioned to the research team that they felt a small manual on methods would assist them considerably.

In general, the facilitators had a good style in approaching the villagers and most seemed to be culturally sensitive. They also attempted to incorporate children into the events. As mentioned, there was sometimes an element of overexcitement on the part of the facilitators, which often led to the quick presentation of many subjects within a short period of time. The introduction of condoms as a separate topic was sometimes too hasty and too early in the course of the presentation, as already discussed above. Some male presenters focused too much on their male counterparts and paid little attention to women.

5.3 Analysis and interpretation of interviews with villagers

Various villages have been visited and villagers and ToT participants have been interviewed to evaluate the Training of Trainers Workshop on HIV/AIDS (see 5.1). This chapter deals with the analysis and findings derived from the information and the data gathered during the five-week field phase.

The general impression of the research team is that people in the villages have been extremely open to discussing the very sensitive subject of HIV/AIDS. That is surprising since among those villages are several, where previously people were less open to talk about HIV/AIDS in public. Information given by Malawian colleagues states that in the past, people in remote villages could not talk about HIV/AIDS as it was a taboo. This is what is referred to as the “culture of silence”. It seems that nowadays there is a change as villagers are less hesitant to discuss HIV/AIDS related issues in the public. One of the reasons for this could be that they are affected by the disease and aware of the situation caused by HIV/AIDS in their communities. They even talk about their cultural practices (see 2.1.1) and see the need to change certain customs due to high infection rates of HIV/AIDS (BOTA, September 2001; BOTA & MALINDI & MPHEPO, 2001:7-9; PERSONAL OBSERVATION). This willingness of the rural population to discuss HIV/AIDS problems must not be misinterpreted as them having sufficient knowledge on the topic under discussion.

5.3.1 Interpretation of the interviews

This chapter explains and compares the findings and conclusions resulting from the interviews with villagers who attended a village event on HIV/AIDS and with those who did not.

The results show that most interviewees know at least one way of HIV/AIDS transmission. But the majority does not know the difference between HIV and AIDS. By asking more detailed questions concerning the knowledge, it turned out that the knowledge of many of the interviewees is not sufficient and that there are several misconceptions. People do not consider a healthy-looking person as a potential carrier who could spread the virus before showing any signs and symptoms of AIDS.

Comparing the villagers who had attended an event and those without any contact with HIV/AIDS awareness activities, the two groups show significant differences in their knowledge. Asking the question *“What is the difference between HIV and AIDS?”* about 66% of the villagers who had attended an event gave a correct answer, while only 33% of the villagers without event could give a clearly right answer to this question (see Annex III, Villager interview: Question No.15).

The following comparison between the two different groups indicates that the events encourage villagers to be more open on the topic of HIV/AIDS. The answers given to following questions show a significant difference between those two groups:

“What is your opinion on condoms?”

The villagers in the project area do not have a negative opinion on condoms, although there is some fear that condoms are not reliable because they could break or be porous, transmit cancer, or expire quickly. After a series of village events (awareness, prevention, and control) this fear is mostly alleviated. This is probably due to the fact that one of the most in-depth parts of the events addresses the importance of condoms as a means of preventing the spread of HIV/AIDS, accompanied by detailed demonstrations on use and disposal.

One of the major problems regarding the introduction of condoms in rural areas is the great demand, especially after the conduction of village events, and the insufficient availability. Condoms are available in very few of the villages the study team visited. Therefore, it is no surprise that only approximately 15% of the villagers interviewed had ever used a condom. Condoms are available free of charge in hospitals, health centres, and clinics but only for the purpose of family planning. Often these places, as well as trading centres, are up to 5-10 km away. In trading centres condoms are available at a price of 5 Malawian Kwacha (MK) for three. This is expensive for an average villager if one considers that the monthly income of many farm families in the project area is often not more than 200 MK.

The feelings on condom use changed after a village event. In particular, the following groups express a more positive opinion: men, young age group (between 21-39 years) and older people (see Tab. 5.4). The village events seem to have a ??? negative influence on the youth group (up to 20 years). Their answers are most of the time less positive after having attended an event. This might be due to the fact that it was difficult to find interviewees of this age group. They were often shy to talk about such sensitive issues. Sometimes adults influenced the answers of the youth by sitting beside them.

Tab. 5.4: Positive answers of different age groups to the question about their opinion on condoms

Group	Women	Men	Youth (up to 20 years)	Young (21-39 years)	Old (40 years and above)
Village without event	81%	65%	89%	75%	50%
Village with event	88%	94%	75%	95%	100%

“What is your opinion on HIV testing?”

Testing is another issue discussed during the village events and villagers are in general very open and positive about testing (83%). After such an event, they saw the advantage of testing even more clearly as 97% give a positive answer about testing. The question still is how to access a testing facility as there are no possibilities for the villagers to do so without significant expenditure of time and money. It should be discussed if a system needs to be established, before the villagers are encouraged to go for testing, so that they are able to travel immediately. In one of the events, the villagers were asking for transport to Lilongwe to be tested. This illustrates that the villagers are motivated to know their HIV status. On the other hand they fear that they could be stigmatised within the community and that they would not have the means to receive treatment or to change their diet because of their financial situation. “Antiretroviral drugs have prolonged the life for many people with AIDS in richer countries, but they are too expensive for the vast majority of people in Malawi.” (FOREMAN & SCALWAY, 2000:4)

“What is your opinion on Fisi?”

In some of the villages the team realised that the villagers were already in the process of changing their cultural practices. It is an issue that is openly discussed during the village events and it seems that the villagers understand very well that such practices as *kutchosa pfumbi*, *fisi*, and *chokolo* spread the virus. Therefore the villagers would like to stop these practices. 100% of the villagers who never attended a village event, but knew about *fisi*, answered that *fisi* is a bad practice and that it should be stopped where it is still practised. One reason for this clear statement could be that the villagers thought that the study team would find this practice bad and therefore answered in the way they thought it was expected. The other possibility is that they in fact think that *fisi* is a bad practice and that it should be stopped. The whole team’s impression was that the communities were very open to honestly discussing these subjects (after the team was given permission from the chief to interview the villagers). This impression was confirmed

by the MoAI staff present.

There seems to be a difference in talking frankly about *fisi* before and after a village event. It is especially the women and the young age group (between 21-39 years) who change their views significantly (see

Tab. 5.5).

Tab. 5.5: Negative answers of the villagers to the question “What is your opinion on Fisi?”

Group	All	Women	Men	Youth (up to 20 years)	Young (21-39 years)	Old (40 years and above)
Village without event	67%	50%	83%	56%	65%	80%
Village with event	86%	82%	89%	50%	95%	100%

Tab. 5.6: Positive answers concerning the question (1) “Do you discuss HIV/AIDS related matters within your family?” and (2) “Do you discuss HIV/AIDS related matters within your community?”

Group	All	Women	Men	Youth (up to 20 years)	Young (21-39 years)	Old (40 years and above)
(1) Village without event	75%	72%	78%	56%	94%	60%
(1) Village with event	91%	88%	94%	63%	100%	100%
(2) Village without event	67%	72%	61%	78%	82%	30%
(2) Village with event	86%	82%	89%	75%	89%	88%

Concerning the questions whether the villagers discuss HIV/AIDS related matters within their family or community, the results show that after a village event, villagers are more open to discuss this sensitive issue in either the family or the community. After an event, older people in particular appear to have embraced the importance of honesty and have resolved to speak openly with family and community alike (see Tab. 5.6). This is very encouraging as this age group is often the one counselling the youth.

5.4 Analysis and interpretation of interviews and questionnaires with Training of Trainers participants

5.4.1 Analysis and interpretation of the interviews

Since the ToT Workshop in May 2001, the 29 interviewed ToT participants have facilitated 3 to 10 village events each. They usually conduct the events in a group of two to four facilitators in multi-sectoral teams. Most of the interviewed facilitators (~86%) did not encounter villages that refused to talk about HIV/AIDS. 83% of them felt comfortable to presenting this new and sensitive subject in the communities, even though 72% of them have never dealt with health issues before. The majority of those who do not feel comfortable have problems talking about condoms and presenting the subject in front of the whole community including the children under 12 years.

86% of the interviewed ToT participants feel generally well-equipped with knowledge and techniques to conduct village events, though some express the wish to receive additional knowledge and support. 90% of them would like to take part in a follow-up course (28%) or in a follow-up training (62%) which should cover several subjects which have not been discussed at all or were not detailed enough initially. They found the idea of an additional training essential as they encountered some difficulties during the events. Some would like to have more knowledge about the disease, others would like to know how to counsel affected families and orphans. These are all important subjects for conducting village events (see chapter 7). At present, ToT participants play a major role in ap-

proaching communities on HIV/AIDS related issues, especially so because the “agricultural extension workers are closer to the rural communities than any other development workers in Malawi.” (BOTA & MALINDI & MPHEPO, 2001:20)

100% of the interviewees’ families reacted positively concerning their new scope of work. The training the interviewees received also seems to have influenced the personal lives of some of them. The results show that many of them (31%) have more knowledge about the disease than before. About 50% answered that they are now more open to discuss the subject in front of communities as well as in their families, with relatives, and neighbours. For at least 24% stated that the detailed knowledge on HIV/AIDS has changed their behaviour – they report being faithful to their partner and others say they started using condoms which they did not accept before.

76% of the interviewees used the wooden penis supplied at the ToT Workshop for demonstration purposes at least once. This was considered to be an important issue while observing the village events as many problems can occur by not using the appropriate method to present the use of condoms (see 5.2). Those ToT participants who were not using the wooden penises mentioned reasons such as personal embarrassment or the disapproval of the village headman. In those cases, they reported that the use of condoms was introduced separately to certain groups that expressed interest. It was discussed whether it would not be better to separate men and women while presenting such a sensitive issue and to demonstrate female condoms in women groups, which has been done so far by only one female facilitator. The interviewees considered the use of female condoms to be an effective alternative to the male condom and would like to receive more knowledge on the correct use of them. This would make it necessary to include them into the next training programme.

In general the interviewees gave positive answers on social marketing of condoms, though they are aware of the limiting factors. The greatest constraints are that many villagers are not able to buy condoms due to non-availability in the villages or lack of money. Information was given by ten ToT participants that the majority of farm families in the three EPAs seem to have an annual income between 2,000-6,000 MK/year. For most of those families it can be a problem to afford these additional expenses. It would therefore be necessary to offer condoms free of charge, at least for those who cannot afford them, not only for family planning, but also for HIV/AIDS prevention in order to stop the spread of the epidemic. “Those people who are willing to use condoms, but fall under this cate-

gory (of the very poor), will go for unprotected sex.” (TOT PARTICIPANT INTERVIEW, AUGUST 2001).

The biggest constraint for the facilitators conducting village events is lack of transport. Their only options are to travel by foot, to use their private bicycles or the few available bicycles supplied by the MoAI (sometimes several facilitators using one). Other constraints mentioned include the lack of allowances to go to the communities, the lack of teaching material, and the lack of condoms for demonstrations as well as distribution. About 48% of them feel they receive enough support from their superior, 41% disagree with this, listing again the already mentioned problems of transport, lack of teaching materials, and allowances. All the facilitators appear to be extremely motivated to conduct village events e.g. the teachers even spent their private time (holiday) going to the communities.

100% of the interviewees support the integration of theatre into HIV/AIDS prevention work. This emphasises the general impression that it would be useful to approach the communities via theatre. All facilitators interviewed have ideas how to integrate theatre into their activities. Some of them are already active e.g. in an extension workers' group (see 6.3.1).

5.4.2 Analysis and interpretation of the ToT participants' knowledge

The results derived from the knowledge questionnaire show clearly that the ToT participants have acquired some additional knowledge about HIV/AIDS compared to the general agriculture extension staff and seem to be interested and concerned with the subject. All results are attached to this report in Annex III, ToT participants questionnaire and interview.

The high level of knowledge of the ToT participants is illustrated in the result of question No.5: “*Which comes first in the sequence of this epidemic?*” (*AIDS comes first, HIV comes first or Don't know* were the possible answers.) 100% of the interviewees knew that HIV comes first. It indicates that the interviewed ToT participants are aware of the differences between HIV and AIDS. For behavioural change to take place, it is vital to differentiate between HIV and AIDS in order to mitigate the spread of the epidemic.

Concerning question No.6: “Which of the following can lead to HIV infection?” 100% ticked *male / female sexual activity* (meaning heterosexual intercourse) and *blood transfusion* leading to HIV infection, 0% marked *shaking hands* or *exchanging clothes*, 90% ticked *mother-child during pregnancy*. Some did not include the birth itself as part of pregnancy and therefore did not mark it as one of the ways of transmission. 86% marked *mother-child when nursing*. Regarding this last statement, it was explained to most interviewees that nursing means breast-feeding and not simply taking care of the child (the expression nursing was misunderstood by most interviewees). After getting the explanation they marked *mother-child when nursing*. The two issues about mother-child transmission during pregnancy and breast-feeding had also been discussed during the ToT training. The outcome of question No.6 indicates that the interviewees have a clear picture of how HIV can be transmitted.

93% of the interviewees considered condoms a very important means to reduce HIV infection rates. This correlates with the experience of the study team as the introduction of condoms was one of the major issues discussed during village events.

Given the statement that *most transmission of HIV can be prevented*, 97% of the interviewees agreed. 100% also ticked the statement on the “*Good nutrition plays an important part in the quality of life experienced by an individual with HIV infection or AIDS*”. These results give a clear indication how deep the interviewees are involved in the HIV/AIDS topic.

Asking the ToT participants the question on the meaning of STI and STD, 93% knew what the abbreviation STD means. This confirms that the participants discussed sexual transmitted infectious diseases during the ToT Workshop. As the expression STI is a new term in the international discussion, it should not be overrated that only 63% could answer this question.

As a final result, it can be stated that the interviewees have an adequate knowledge on HIV/AIDS which could be improved through a follow-up training on some subjects in addition to receiving more support from their superiors (see chapter 7).

5.4.3 Comparison of the knowledge levels between agricultural extension staff in general and ToT participants

Seven of the knowledge questions asked were used in the same way in the unpublished study of BOTHA & MPHEPO & MALINDI (2001). The results of approximately 125 agricultural extension staff were compared with the answers of the 29 questioned ToT participants. The purpose for this comparison was to find out if there were measurable knowledge differences between trained and untrained extension staff.

Question 16: *“To what extent do you believe that condoms are very important in reducing the possibility of infection from HIV/AIDS?”*

	Agricultural extension staff (n=123)	ToT participants (n=29)
Very or somewhat important	86%	100%

Question 17: *“What is the meaning of STI?”*

	Agricultural extension staff (n=110)	ToT participants (n=29)
Right answer	35%	63%

Question 18: *“What is the meaning of STD?”*

	Agricultural extension staff (n=117)	ToT participants (n=29)
Right answer	82%	93%

Question 19: *“Which comes first in the sequences of this epidemic?”*

	Agricultural extension staff (n=125)	ToT participants (n=29)
Right answer	91%	100%

Question 20: *“Which of the following can lead to HIV infection?”*

	Agricultural extension staff (n=125)	ToT participants (n=29)
Male / female sexual activity (meaning heterosexual intercourse)	97%	100%
Blood transfusion	93%	100%
Mother-to-child during pregnancy	82%	90%
Mother-to-child when nursing	36%	86%
Exchanging clothes	2%	0%

Question 21: *“Most transmission of HIV can be prevented”*

Answer	Agricultural extension staff (n=125)	ToT participants (n=29)
Right	91%	97%

Question 22: *“Good nutrition plays an important role in the quality of life experienced by an individual with HIV infection or AIDS”*

Answer	Agricultural extension staff (n=125)	ToT participants (n=29)
Right	91%	100%

The comparison shows the presence of greater knowledge in the group of ToT participants. They all know the importance of good nutrition for HIV/AIDS affected people, the ways of transmission via sex and blood transfusion, and the sequence of AIDS after HIV infection. There are differences between the two groups in the areas of mother-to-child transmission and the meaning of STD and STI. The similarity regarding the question of transmission via sexual intercourse can be explained with the general knowledge in the country (see 5.3).

In general the results reflect the success of the ToT Workshop. This can therefore be seen as an encouragement for such trainings.

5.5 Conclusions and perspectives

This chapter targets to summarise the strengths, weaknesses, opportunities, and threats of the observed approaches on disseminating HIV/AIDS awareness messages to the rural communities of Malawi through agriculture extension staff. The applied method of SWOT analysis is a technique that considers facts from different points of view, hence weaknesses can become strengths if circumstances change. In the same way, threats contain chances for new opportunities.

Strengths

The ToT participants are well positioned and respected in the rural communities. They know their clients as well as the problems in the respective areas.

The contents of the village events and methods applied have been welcomed by the audiences and the results from the questionnaires show an improvement in knowledge and attitude towards the HIV/AIDS subject. At the same time the reported behaviour of some of the ToT participants was influenced in a way that their awareness concerning personal dangers in relation to HIV was much higher than before the ToT Workshop. Hence it can be concluded that the ToT Workshop has had a positive external effect on the target group of rural dwellers as well as an encouraging internal effect on some facilitators. Comparison of ToT participants with other agricultural extension staff illustrated that most participants had deeper insight into the problems of HIV/AIDS.

The co-operation of employees from different governmental institutions and rural volunteers worked well and, on the small scale of activities performed, it could be called a real multi-sectoral approach.

A high spirit of voluntarism could be seen and their motivation was not unlike the feeling of being on a crusade.

Weaknesses

Acknowledging the high motivation of the facilitators, there were nevertheless shortfalls in their approaches. Structuring of the events was sometimes not appropriate and too many subjects were mentioned at once. A condom demonstration was often undertaken too soon, women were neglected, and not enough time for in-depth questions was given.

Aspects beyond the control of the facilitators like lack of funds for transport, erratic condom supply, or shortage of stationary made their task more complicated.

The following subjects will also be mentioned in chapter 7 as areas for improvement:

- Too much emphasis on theory in the ToT Workshop

The research team observed in several events the topics covered and methods used and has not seen VENN diagrams, for instance, utilised. The reason for this might be lack of stationary. As it is seen that the ministry is short of finances to offer those materials in a bigger amount it would make more sense to focus on practical tools which can be used in the events without any outside resources. Beside that the communities are far more interested in the practical issues of transmission, prevention, and mitigation of HIV/AIDS and its impact. Also, the study team recommends utilising practice sessions where the participants of the next ToT Workshop present subjects as they would in the field to the plenary group. This could allay the fear of many who would otherwise feel embarrassed or ill-equipped to tackle a particular subject. They should be able to practice and hone their techniques and clarify information in a nurturing and non-threatening environment.

- Mistakes concerning proper condom use and integration of female condoms

In proceeding ToT Workshops the topic of the correct use of condoms along with discussions of modes of transmission should be offered. This is because it was observed in some events that condoms were opened with the teeth or the demonstration was not done with the wooden penis supplied at the ToT Workshop,

instead the whole hand was inserted in the condom which ended up tearing. Those difficulties could be diminished by giving more time for the condom presentation during the training as this issue plays a major role in the activities in the communities. Another issue is the sensitisation before introducing such a sensitive issue to the community. In a second or third village event it might be easier to demonstrate the use of condoms than doing it in the preliminary awareness meeting.

Concerning this subject it is important that female condoms should be integrated in the follow-up training as well as in the next training. It was observed that there are several difficulties which could be solved or tackled by offering female condoms as an alternative. In the only village event where a female condom presentation took place both men and women were interested. The whole idea seems to be promising as it would especially empower women in taking care for themselves as well as for the family. The major constraint remains the non-availability of female condoms in the rural areas and the high price – they are six times more expensive than the male condom. Regardless, female condoms could be discussed and possibilities weighed to provide them at a reasonable price throughout Malawi.

- Lack of information about mother-to-child transmission

Several ToT participants were unclear on mother to child transmission during pregnancy as well as the possible consequences of breast-feeding. A follow-up training could be an opportunity for the participants to openly discuss failures, successes, and general experiences they have gathered while working in the field.

- Lack of information about voluntary HIV counselling and testing (VCT) and home based care (HBC)

The audiences were very interested in information about caring for sick family members and the concept of HBC. Also voluntary HIV testing and the related counselling was a focal point in the discussions. The answers given and the reaction of the facilitators showed that there was not enough knowledge concerning these issues.

- Lack of clarity concerning the role of village HIV/AIDS committees

A general tendency to form village HIV/AIDS committees could be observed.

Nevertheless there was some uncertainty about the role and the effectiveness of such committees.

- No room for extension people to meet in plenary group

The non-existing possibilities for the exchange of experiences was an area of complaint. There should be room for such an exchange between the ToT participants.

- Not enough emphasis on gender issues

The number of female ToT participants did not reflect the number of women in the pilot area. There are not enough female facilitators and sometimes women feel neglected. Organisers of future workshops should make sure that these problems will be rectified. The present female ToT participants need to be encouraged to be more assertive and active in village events.

- Lack of supervision and follow-up training

At present the ToT participants do not have the supervision and monitoring necessary from the RDP and ADD to improve on teaching techniques or clarify erroneous information. There are no concrete plans to add follow-up trainings for the initial ToT participants.

- Lack of written guidelines

Many extension workers request a manual to help in organising their present work and planning for future work

- Lack of co-ordination with NGOs working in the same field and in the same areas

The study team has learned of other NGOs working in the area on the same topics. It might be prudent to investigate this further and to pursue opportunities for co-operation.

- Lack of multi-sectoral co-operation on senior levels

There is no systemic co-ordination between ministries working in overlapping fields such as HIV/AIDS. There is an opportunity to share resources and knowledge. This co-operation could be beneficial to all parties concerned.

Opportunities

Building upon the high motivation of the ToT participants and the good response from the villages, there are plenty of opportunities to establish the village events as an enduring approach to improve the knowledge on HIV/AIDS matters. This could lead eventually to positive behavioural change.

New subjects like VCT, HBC, female condoms, and the integration of theatre into the events are requested by the audiences. Amendments to the training curriculum with the integration of these demands could help to make the approach more responsive to the needs and wants of the rural population. At the same time the experience of the many village events already completed can assist in refining future training programmes. These alterations could focus on methodology and content. The weaknesses in some areas of the training can be used as a starting point to improve subjects, to eliminate subjects that proved to be less necessary and to include new topics demanded by the villages.

In general there is need for follow-up training to counteract mistakes the facilitators made and to keep them up to date with new developments in the area of HIV/AIDS. A yet-to-be-developed manual for village events on HIV/AIDS, containing factual information and methodology that would help the ToT participants, was requested by the facilitators. Supervision of events by the training team of the MoAI could give the facilitators a feeling of acknowledgement and also serve as a means of identifying mistakes.

Threats

The programme in the pilot area started surprisingly well. The ToT participants seem to be highly motivated to spread the information they had gathered, showing a high level of commitment.

Unfortunately, the problems the programme is facing are manifold. One of the biggest obstacles is lack of finances. Even small amounts for bus fares or sta-

tionary are not available and at present the programme relies on the high spirit of voluntarism as seen in government employees and others from the villages. Due to the novelty of the subject and the attention they receive from inside and outside the country, their motivation is still high. There is fear that this motivation might dwindle if not at least basic financial support is provided.

Supervision and further training will depend entirely on the availability of financial support and is crucial for the success of the whole endeavour.

There is clear indication that the ToT participants need more information on the subject of HIV/AIDS and more methodological training. The knowledge necessary to undertake this training is available in the DAES and other organisations in the country. The main problem will be to find the funding for this task.

As a general conclusion it was found that the DAES started a programme to integrate HIV/AIDS concerns into agricultural extension services which is already showing promising results. The time between the ToT Workshop and the field phase of this study is too short to give a final assessment of the programme, nevertheless the trend observed points in the right direction. Villagers realise the magnitude of the problem and often raised the question why they were addressed so late. It would be unfortunate if this approach should die due to lack of financial support.

6 The role of theatre in HIV/AIDS prevention

This chapter focuses on the possibilities of integrating theatre into the activities of the Department of Agriculture Extension Services. Departing from introductory remarks on the specific features of theatre as a means of development communication (6.1) and on theatre for development in Malawi (6.2), the results of the research activities are presented in chapters 6.3 and 6.4. Conclusions and perspectives for the role of theatre are reflected in chapter 6.5.

6.1 Theatre as a means of development communication

"Communication patterns and processes in African societies are basically synchronic: patterns and processes in which a few people transmit information to the majority of the people who have minimal or no participation in information generation and dissemination." (BOAFO, 1985, IN: MDA, 1993:86)

Communication on development issues had long been focused on the use of *mass media* to spread messages and to create awareness. During the last two decades, however, there has been a growing disbelief in the ability of the mass media to act as the predominant tool of development communication. Critical views have been put forward regarding the role of television, radio, films, newspapers, and poster campaigns in African societies (MDA, 1993:42-44; MLAMA, 1991:41-42; MORRISON, 1991:29-31):

- Mass media often work in an extremely centralised way: their power, resources, and services are often concentrated in urban areas and at least the use of newspapers and television is mostly restricted to the urban elites, where literacy and availability are higher.
- They are impersonal and simultaneous: their messages have to be formulated to suit a widely dispersed audience and to reach a large number of people at the same time.
- In the mass media there tends to be a one-way flow of information with a top-down character: there is little opportunity for discussion and audience participation.

One of the means of communication capable of overcoming these limitations is *theatre*¹. Theatre can be practiced by everyone and can happen almost everywhere. It uses a technology which is appropriate in the rural sector: it is based on human resources and local creativity. Theatre can use the daily-life aesthetics of the people. More characteristics have been put forward by theatre practitioners and communication researchers (MDA, 1993:1-5,38; MLAMA, 1991:41-44; KERR, 1991:145):

- Theatre uses interpersonal channels of communication which have been found to have more impact than the mediated channels of electronic and print media. People learn best from interpersonal contact. Two-way communication and face-to-face situations provide opportunities for feedback, discussion and dialogue.
- Theatre is capable of integrating indigenous and popular systems of communication that already exist and are familiar to the communities. Various scholars and researchers have elaborated on the theatrical elements in indigenous rituals and ceremonies (see chapter 6.2). Theatre can involve "members of a community in the use of their own traditional media – dance, music, story-telling, poetry, etc. – to research, discuss, and analyse socio-economic problems with a view to finding solutions to them." (MLAMA, 1991:43)
- Theatre can provide the opportunity to see things in a different way. Through theatre social reality can be codified. "The codification – the theatrical performance – becomes a mirror through which the people can see themselves, their social situation, and the problems they encounter, in a fresh and stimulating way." (BYRAM & MOITSE, 1985, IN: MDA, 1993:44)

¹ In this study, the term "theatre" is used according to a definition by Zakes Mda: "Drama is a literary composition, while theatre is actual performance that may or may not emanate from literary composition (...) Although a literary composition may constitute the basic element of a theatrical performance, theatre is not primarily a literary art but uses elements of other arts such as song, dance, and mime, in addition to dialogue and spectacle" (MDA, 1993:45). According to the expression commonly used in Malawi, the groups involved in theatrical performances will be called "drama groups".

- Theatre has the potential for being a decentralised and democratic medium in which the audience can play an active role. It can be an effective tool to promote community dialogue. Using theatrical performance, the communities themselves can participate in discussing, producing, and distributing messages.

What can today be called *theatre for development* has been strongly influenced by the ideas of the Brazilian educator Paulo Freire on dialogue and conscientisation. Although Freire himself did not focus on theatre, cultural activists and adult educators in Latin America, Asia, and Africa used his "Pedagogy of the Oppressed" and Augusto Boal's subsequent "Theatre of the Oppressed" as a basis for the creation of innovative approaches in development communication (see FREIRE, 1972A; FREIRE, 1972B; BOAL, 1979). Since the 1970s theatre for development has been widely used in many African countries as a tool for information dissemination and the promotion of community dialogue.

6.2 Theatre for development in Malawi

In Malawi, as in many other African countries after independence, there has been "a major reorientation from a fairly elitist literary auteur drama based upon European models and the English language, to a more people-oriented theatre using indigenous cultural forms, African languages and a collectively workshopped method of creativity." (KERR, 1998:219) Many of these indigenous cultural forms have always had strong theatrical elements in them. This has been shown in Malawi for girls' initiation ceremonies and for the performances of the Nyau cult (KAMLONGERA, 1989:13-29; GIBBS, 1980:1-20). Kamlongera refers to the functional nature of indigenous theatrical performances which he regards as an entry point for theatre for development approaches.

An important role in the described shift from European-oriented drama to a more people-oriented theatre in Africa was played by university travelling theatres. Based on a long tradition of travelling theatres in different parts of the continent, university drama groups from Ibadan (Nigeria), Makerere (Uganda), Chikwakwa (Zambia) and the Zomba-based Chancellor College (University of Malawi) set out to take theatre to the people. Chancellor College Travelling Theatre started from a rather elitist stance, showing European plays to bemused village audiences,

but changed its repertoire more and more to performing African adaptations of established or locally written plays (KAMLONGERA, 1989:63-74; KERR, 1998:212-219). Gradually, *theatre for the people* developed into *theatre with the people*, involving the communities in the performances or even in the creation of the plays and the process of acting, facilitated by theatre for development catalysts.

Today there is a large number of drama groups spread throughout Malawi. Mufunanji Magalasi from Chancellor College's Department of Fine and Performing Arts estimates the number of drama groups in Malawi to be up to 600 (MAGALASI, PERSONAL COMMUNICATION, 9 August 2001). Most of these groups are based in rural areas.

In the following, three different features of theatre for development in Malawi will be described: puppet shows of the Extension Services Branch, the Chancellor College's participation in a Primary Health Care campaign and the "education through entertainment" approach of the NGO The Story Workshop.

6.2.1 Puppets and yellow vans: the Extension Services Branch

The use of puppet theatre in the then Extension Services Branch in the Ministry of Agriculture was linked to the Ministry's attempt to improve agricultural production in Malawi. Puppetry had been successfully applied by the Department of Information as a tool for propaganda in the 1964 electoral campaign, so the Extension Services Branch decided to use puppetry for agricultural as well as health care issues. Initially practiced on an experimental basis, puppet shows had become a regular part of the 'yellow van' cinema campaigns of the Branch in the 1980s, when Christopher Kamlongera did his research on theatre for development (KAMLONGERA, 1989:110-123). An impressive 4,356 puppet shows were performed all over Malawi in the year 1980, with an average audience size of 76 people. Special personnel were recruited and trained to work in this area. Today the puppet shows seem to have ceased at least in the Lilongwe area, due to problems concerning the maintenance of the vehicles and lack of funding (MSENDEMA, PERSONAL COMMUNICATION, 31 JULY 2001).

Three basic characters were used in the puppet shows: a farmer, his wife and an

agricultural extension officer. The preparation work was done in different parts of the Extension Services Branch: the production of the hand puppets by a person especially employed for puppet making, the selection of popular music in the radio section, the preparation of the messages by an editorial board composed both of people qualified in agriculture and communication, the creation of a dramatic script based on a simple storyline in the radio section, and the final recording, using the voices of actors. Out in the communities, the performances were announced by loudspeaker music and introduced by the local extension worker. The stage was the back of a Landrover, where the puppet operator moved the puppets, accompanied by the recorded dialogue. After the performance the extension worker summarised the message and was ready to answer questions from the audience. The puppet show was performed during the day, followed by film shows at night time.

The puppet shows of the Extension Services Branch were reported to have been quite popular and effective. However, Kamlongera raises some doubts about the cultural suitability of puppet theatre. According to him this kind of puppetry is not an indigenous Malawian tradition and was introduced by an expatriate officer. He quotes reports from areas where Nyau mask dances are common and where the local population resented the spectacle because they perceived it as a parody of their indigenous culture. In some places pregnant women refused to attend the performances because they feared the puppets would affect their unborn foetus. In other communities people regarded the whole performance to be childish. (KAMLONGERA, 1989:120-123)

6.2.2 Theatre in Primary Health Care: The Chancellor College Travelling Theatre

In 1986, the Primary Health Care Unit (PHCU) of the Liwonde ADD invited the Chancellor College Travelling Theatre (CCTT) to support its activities. The PHCU had found that neither its rather conventional ways of communicating with the rural communities (radio, posters, leaflets, teach-ins, films) nor the puppet shows had succeeded in involving and motivating the villagers to change their behaviour concerning health issues. In collaboration between the PHCU team and a group of teachers and students from the Department of Fine and Performing Arts a process was initiated in 1986, which used theatre to establish Village Health Committees (VHCs) and to mobilise the communities to improve their health situation (KERR, 1998:230-237; KAMLONGERA, 1989:142-182).

The role of the CCTT team was to go to the communities and conduct a participatory assessment about the people's health problems and needs and about their ideas for possible solutions. This field research provided the basis for improvisations which led to the creation of loosely structured scenes depicting the problems put forward by the communities and exploring potential local solutions. These scenes were then performed in the communities by the Chancellor College group, but, unlike in conventional Western theatre, during the performance the audience had the opportunity to discuss what was happening and to determine which way the play should further develop. The CCTT team even encouraged the community members to intervene and act out different versions of the scenes themselves, incorporating the ideas and arguments raised during the discussion. "The issues raised in one set of sketches could give rise to solutions (for example the establishment of VHCs) which would give rise to yet more problems (conflict within the VHC) which would require yet more dramatisation. The whole theatre process was necessarily a continuous one, without any sense of ultimate catharsis, but rather of constant analysis, debate and re-analysis." (KERR, 1998:231) Here theatre was not only used as a tool to disseminate information or to promote discussion. In the Primary Health Care Project audience participation could lead to the planning and rehearsing of community action – with one of the possible results being the establishment of a "real" village health committee.

Christopher Kamlongera has examined the impact of the Primary Health Care project on the health situation at three locations in Liwonde ADD: Mwima and Mbela, two rural trading centres where theatre had been part of the process, and Chisi Island on Lake Chirwa, where the PHCU implemented its activities without the use of theatrical performances. In Mwima and Mbela the Village Health Committees motivated by the participatory theatre performances were found to have been very active and their membership had remained fairly constant. This mobilisation contributed to a general change in the health situation. Kamlongera provides detailed data on a growing number of pit latrines, a dramatically improved cholera situation, and a significant reduction in infant and child mortality caused by diarrhoeal diseases. In comparison health awareness on Chisi Island was found to be much lower and the health situation much less favourable. (KAMLONGERA, 1989:169-181)

6.2.3 "Educating through entertainment": The Story Workshop

The Story Workshop Educational Trust (SWET) is a Blantyre-based NGO founded by the US-American educator and cultural activist Pamela Brooke in 1997. The objective of the "educational media NGO" is to "create entertainment for social change in Malawi". The Story Workshop consists of a team of 20 Malawian and three European writers, musicians, actors, scholars, researchers, and artists, headed by the well-known Malawian radio dramatist and producer Marvin Hanke. Among SWET's three Chichewa-language radio programmes is the popular soap opera *Zimachitika* ("such is life"), which centres around topics like food security, poverty, corruption, gender inequality, and HIV/AIDS. Broadcasted Saturday nights on the national radio station MBC1, it is listened to by thousands of Malawians throughout the country and has been voted the most popular radio drama in Malawi for the last three years. (SWET MATERIALS)

One of the more recent features of the Story Workshop's activities is Action Theatre, which promotes community mobilisation through cultural action, based on local creativity. An Action Theatre project begins with a research visit in the communities not unlike the CCTT's participatory assessment described in chapter 2.2.2. The Action Theatre team is made up of theatre facilitators, agricultural advisors, and "mobilisers", including some of the famous *Zimachitika* actors, which makes it easy to announce the upcoming events. After returning to Blan-

tyre the team improvises and rehearses scenes to be performed in the communities, based on the results of the interviews, character studies, and collection of local stories conducted during the field research. These scenes are presented in interactive performances in various villages. The performances are only the starting-point of a mobilisation phase of several weeks, during which the communities prepare for a festival involving various forms of cultural expression: theatre, dance, poetry, songs, house painting, and the production of mbaulas (firewood-saving stoves made out of clay) and promise banners (large textile banners with individual promises of future action drawn on them). The mobilisation phase culminates in a big, festival-like event, gathering the various participating communities and including competitions in theatre, dance, songs, and the production of mbaulas and promise banners, all focused on the respective subjects (KEYWORTH, PERSONAL COMMUNICATION, 8 August 2001).

The first two Action Theatre projects were focused on agricultural and environmental topics. One was a broad-based awareness campaign concerning the management of natural resources in the Lake Chilwa Wetland Project, involving seven different areas in Phalombe District. The other Action Theatre project promoted agroforestry techniques as part of the Soil and Water Conservation Project of the International Centre for Research in Agroforestry (ICRAF), working with 300 households in three villages in the traditional authority of Namadzi in Zomba district. A Story Workshop assessment of the performance impact of the ICRAF project shows that most of the 90 interviewed spectators reported a better understanding of the concepts of agroforestry and soil and water conservation techniques, as well as changing attitudes towards the subject. 55% said that this was because the situation depicted in the play was similar to their own. Behavioural change concerning self-reliance, mutual helpfulness, and the sharing of agroforestry techniques with those not aware of them were also reported by the interviewees. (SWET MATERIALS)

6.3 Theatre on HIV/AIDS: groups and performances

6.3.1 Organisational forms of drama groups

During the field phase the research team met various drama groups being active in the project area, along with groups from Lilongwe and Nkhhotakota. In the following group portraits, these groups are described on the basis of the conducted group interviews and the observation of their performances (see 4.2 and Annex IV).

Community groups

The term *community groups* refers to drama groups in the three EPAs Mpingu, Chileka, and Ming'ongo which are predominantly composed of community members. The groups met by the research team are either based in villages, health centres, or schools. They all work on a voluntary basis and invest their spare-time in their theatre activities.

based in villages:

Chitipi Drama Group named itself after the village of Chitipi in Mpingu EPA. Its nine members (five men and four women) are between 14 and 24 years old. Most of the members attend secondary school. The group had been started one month before the group interview by an extension worker and a Health Surveillance Assistant (HSA). Since then they had met twice a week for rehearsals and had conducted three performances, all in churches. Some of its members have some theatre experience from playing in a spiritual group. Their work is being supervised by the extension worker and the HSA, who also participates in acting. The scenes are developed and directed by two male members of the group. The two performances the research team was able to observe in the village of Chitipi dealt with signs and symptoms of AIDS, unprotected sex for money, cultural practices, and the lack of parental advice for children. (Performances and group interview on 17 August 2001, Chitipi)

Njewa Drama Group was formed in 1991 during a family planning campaign of the Ministry of Health and Population (MoHP) and is based in Njewa village in Mpingu EPA. Initially working on family health, the eight members (three women and five men) began integrating HIV/AIDS into their performances in 1992 and are now concentrating on this issue. They rehearse three times a week and perform once a week in the villages around Njewa. Playing theatre was new to most of them, but two had gathered some prior experience in a church group. The ob-

served play, performed in the village of Njewa, deals with promiscuity and unprotected sex. (Performance and group interview on 23 August 2001, Njewa)

Kupewa Drama Group and **Mandala Drama Group** are two village-based community groups from the village of Masakamika in Mpingu EPA. Both will be described in detail in chapter 6.3.4.

based at health centres:

Chitedze HIV/AIDS Awareness Group was founded two years ago, when a Medical Assistant and a nurse and HIV/AIDS counsellor from Chitedze Health Centre (Mpingu EPA) were looking for new ways of disseminating HIV/AIDS messages in the communities. They decided to gather people for a drama group working on HIV/AIDS issues and found them in the villages around the health centre. The group consists of twelve mainly teenaged members (some go to secondary school, some are farmers) and meets three times a week to rehearse. Most of the members did not have any previous theatre experience, some had played theatre in school. They mainly perform on Sundays (two to four times a month) in communities around Chitedze and sometimes in a nearby hotel to earn some money which is used to cover the group expenses. The group has no director and no playwright but declares itself open to ideas from everybody, even from outside. They integrate poems and songs on HIV/AIDS into their performances. They are trying to establish branches in three other villages in Mpingu EPA. The research team had the opportunity to observe various performances of this group in the villages of Chitedze and Njewa. One of them is described in a textbox. The other plays tackle topics like HIV testing, promiscuity, unprotected sexual intercourse, modes of transmission, and widow inheritance. (Performances on 19 August and 23 August, group interview on 19 August 2001, Chitedze)



Fig. 6.1: Husband and wife arguing (Chitedze HIV/AIDS Awareness Group)

A young woman meets a young man. "People who are not married should use a condom", she tells him. "I am married, so I don't have to use one", he replies. They leave together. Later she meets her parents. The daughter is about to move out to attend a boarding secondary school when her parents warn her: "Don't come back pregnant! You have to abstain. And don't you have any boyfriends!". The first person she meets at her new school is the headmaster. He hands her over to the headboy, who presents her to a friend of his. All find her very attractive and try to approach her. Soon it becomes

very clear that she is anything but abstaining. So when the headboy tells the headmaster she had been told in the hospital that she was pregnant and HIV positive, the headmaster gets nervous. He confronts her with the rumours. She denies having been to the hospital and pleads not to be dismissed from school. Exploiting her unfavourable situation, the headmaster approaches her again, but is interrupted by the headboy. Desperate, she asks first the friend of the headboy, then the headboy and then the headmaster to marry her, because she is pregnant. All refuse. So she leaves for her family and tells them she has been dismissed from school. Angrily the parents decide to see the headmaster to learn what has happened: "Why did you dismiss her?", they ask him. "Because she is pregnant!" The parents are horrified and want to know who did this to their daughter. The headmaster blames the headboy. The headboy blames his friend. The friend denies any involvement. A nurse from the hospital interrupts them and informs them that the daughter was tested HIV positive. All three men start to cry, one after the other: "We are going to die in a chain!" The nurse advises them on HIV/AIDS and tells them to use condoms if they are infected.

Chitedze HIV/AIDS Awareness Group

Chileka Health Centre Drama Group has been in existence since 1996, when Lilongwe Central Hospital suggested the formation of a drama group working on health issues. Since 1997 the nine members have been working on HIV/AIDS issues. They are between 25 and 45 years old and earn their living from farming in the communities around Chileka (Chileka EPA). The only previous theatre experience some of the members have dates back to primary school. When they prepare their performances, four persons are responsible to come up with storylines, one person directs, and one person composes the songs and writes the poems. The two performances which the research team was able to observe during a village event in Chakuzamutu village (Chileka EPA) dealt with unprotected sex for money and promiscuity. (Performances and group interview 31 August 2001, Chakuzamutu)

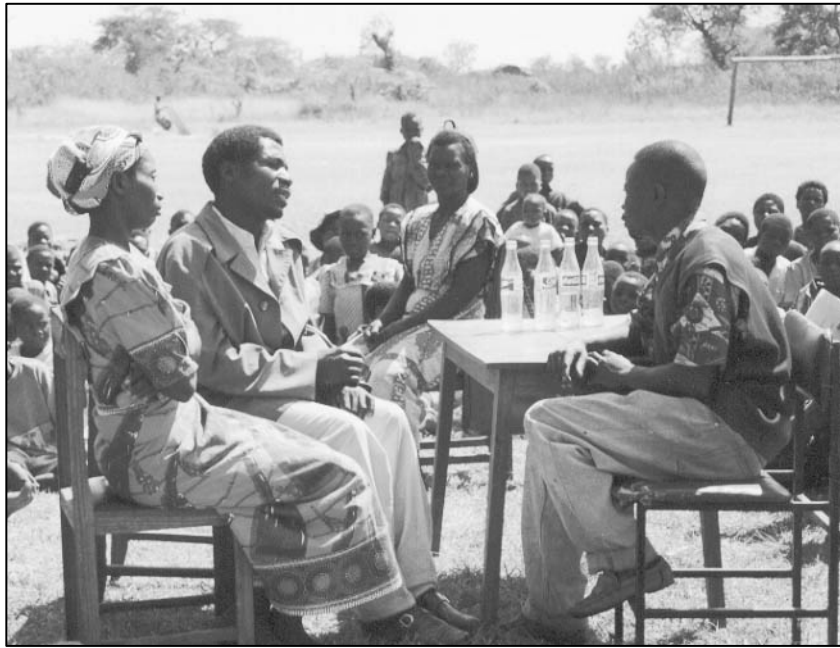


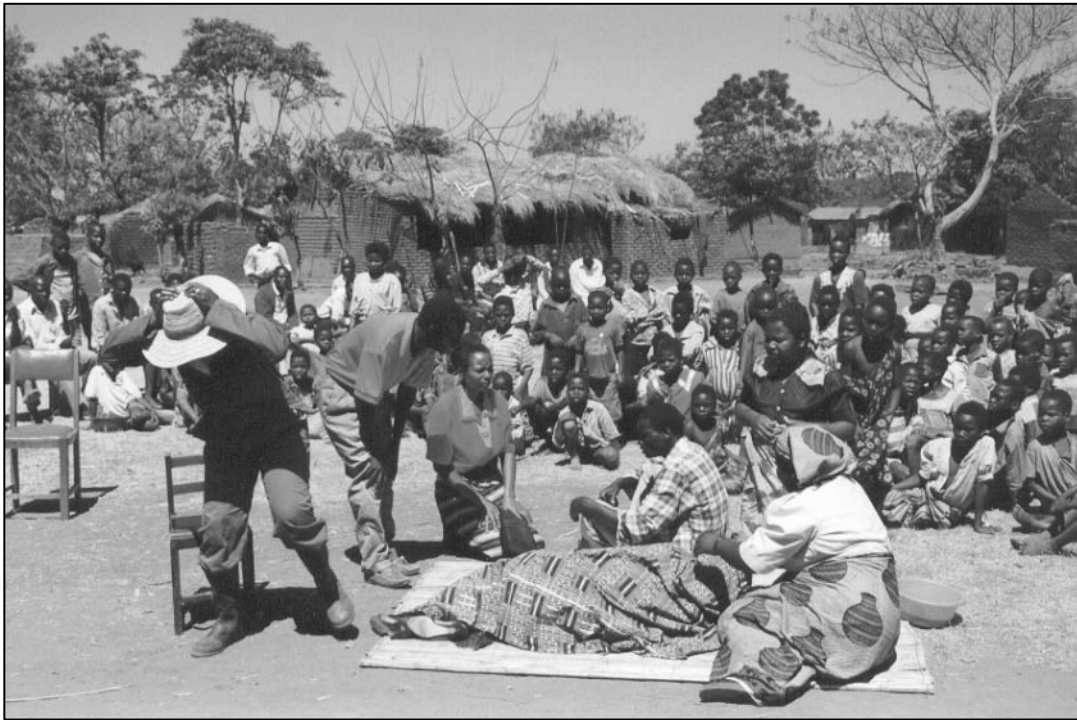
Fig. 6.2: Getting advice on HIV/AIDS (Chileka Health Centre Drama Group)

based in schools:

Matunduluzi School Edzi Toto Club (Edzi toto means "I don't want AIDS") is based in a primary school in Ming'ongo in Ming'ongo EPA. Edzi Toto clubs, set up by and for young people to discuss HIV/AIDS, are widespread throughout the country. The club at Matunduluzi School has about 100 student members and is one of more than 15 different clubs at the school. It was established in 1994 after a group of US-American university students had organised a "Worldcamp for kids" in the area. The club members meet every Thursday to learn about HIV/AIDS, to create songs and poems, and to play theatre about the subject. The activities are supervised by the teachers. At the end-of-term (three times a year), the club members perform for their schoolmates and parents. The performance the research team had the opportunity to see at the school focused on the problem of male teachers sexually approaching female students. (Performance and interview with the teachers on 7 September 2001, Ming'ongo)

Extension workers' groups

The expression *extension workers' groups* denotes drama groups mainly composed of extension workers and other field level staff, who integrate theatre into their HIV/AIDS awareness activities.



**Fig. 6.3: Lamenting the death of a close relative
(Chosamua Chinamva Nkhwangwa Iri M'Mutu)**

Chosamua Chinamva Nkhwangwa Iri M'Mutu ("If you are not advised you will learn when the axe is in your head") is a group consisting of three extension workers, one teacher, one farmer, and the Development Officer (DO) of Mpingu EPA (three women and three men, aged between 30 and 52 years). All group members were participants of the Training of Trainers Workshop in May 2001. The group was founded on 20 August 2001 to try out a different way of disseminating HIV/AIDS information in the communities. It has also performed for MoAI staff. The group is directed by the DO, who created the storyline for the first play. The research team had the chance to observe the first ever rehearsal of the group in Chitipi village, in which they improvised the play for the first time. Their first performance took place in Njewa village after two rehearsals. After another rehearsal, they showed their play at an agricultural show in Malingunde. The storyline is described in a textbox. (Performances on 23 August and 30 August, interview with the Development Officer (DO) on 3 September 2001, Mpingu)

A family setting: parents and their two daughters. The mother complains about their poor living conditions. She tells the older daughter: "What shall we live off? Go to your boyfriend and bring some money home!". The father criticises his wife for being interested too much in material things and is angry because he thinks his wife failed to advise their daughters properly. He wants his daughter and her boyfriend to go for testing before marriage. The older daughter leaves to meet her boyfriend. They bump into two friends on the street. When the conversation comes to HIV/AIDS, the friends, a married couple, tell them to use condoms as long as they are not married and to go for testing before marriage. They refuse: "Using a condom is like eating sweets in a packet!". The daughter and her boyfriend decide to move to Blantyre, the biggest town in Malawi, and go to her parents to ask for permission. They bring some nice presents, pleasing the mother and finally managing to persuade the sceptical father. After some time the parents visit their daughter in Blantyre. The daughter is seven months pregnant – and is coughing heavily. The parents are terrified and stay away from their daughter. "You must not touch her, otherwise you'll get AIDS", the mother is told by her husband. He is desperate: "I told her to go for testing before marriage! The girl will die because of a cellphone!" Eventually their daughter dies. The friends the young couple met on the street enter to give advice on HIV/AIDS and on how to treat the dead body without being in danger of infection.

Chosamua Chinamva Nkhwangwa Iri M'Mutu

Urban groups

The term *urban groups* refers to groups based in Lilongwe working on a free-lance basis or employed by organisations. Members of urban groups describe themselves as full-time or part-time actors.

Manyanda Drama Group (Manyanda means "exciting") has seven members (aged between 20 and 30) and was founded in 1992 to work on environmental, human rights, democracy, and HIV/AIDS issues. The group has participated in several theatre and radio campaigns by different organisations and acts in radio programmes produced by the Agriculture Communication Branch (ACB) of the MoAI. The group is directed by one person, but the members develop their plays together and everybody contributes with scripts and ideas. The members are full-time actors and have been performing for a long time. The group conducts theatre performances three to four times a month and can be heard on the radio two to three times a week. Several of their plays deal with the role of cultural practices in spreading HIV/AIDS. The research team was able to see various Manyanda performances at events in Mzumanzi, Njewa, and at an agricultural show in Malingunde. One of the performances is described in a textbox. The other observed performances dealt with unprotected sexual intercourse, HIV testing, cultural practices, and the use of condoms. (Performances on 18 August, 23 August and 30 August, group interview on 18 August 2001, Lilongwe)

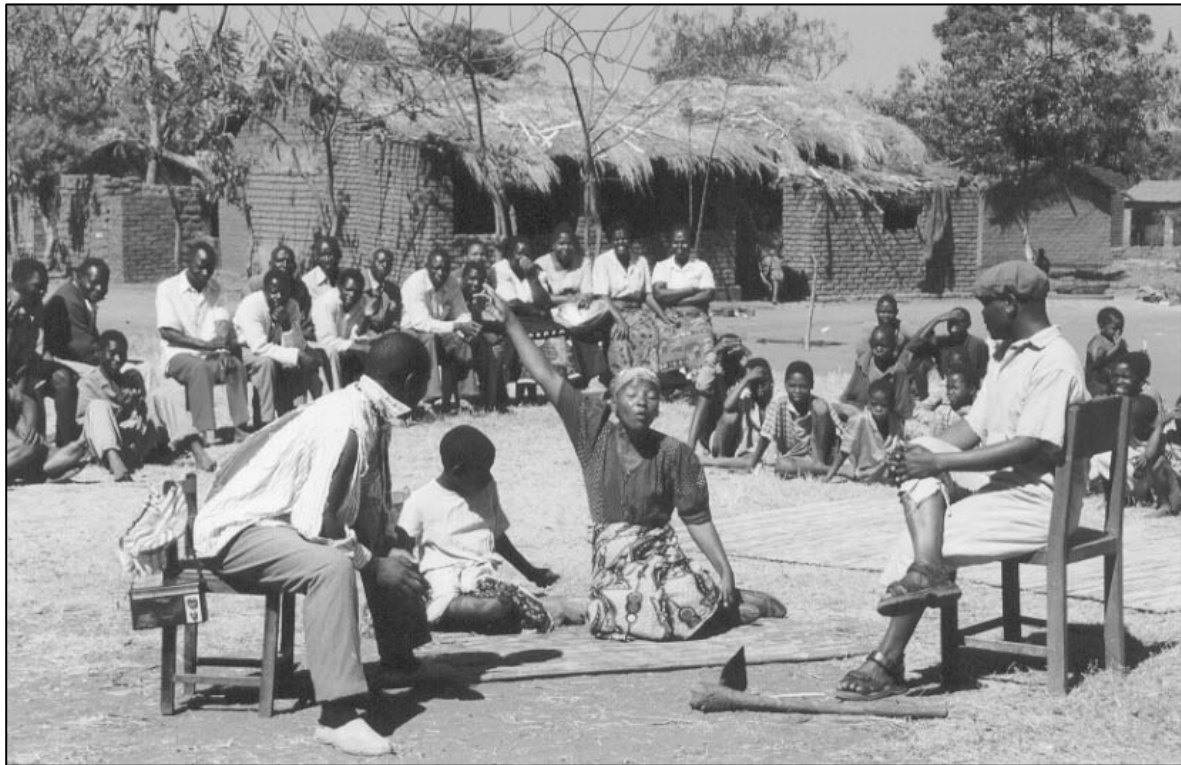


Fig. 6.4: Discussing the husband's behaviour (Manyanda Drama Group)

Luntha Drama Group (Luntha means "very skilled") has been existing for 14 years and is based in Lilongwe. In 1995, Population Services International (PSI) contracted them to contribute to its awareness activities. Before this the group had been working with the MoHP and received an award in a National AIDS Drama Competition of the Media AIDS Society Organisation. PSI is a US-American company engaged in the "social marketing" of mosquito nets, oral rehydration salt, and "Chishango" – condoms in Malawi. PSI uses various strategies for health awareness work and the promotion of its products. One of these strategies is the organisation of video shows in rural areas, another one is the cooperation with Luntha Drama Group. Its five members (one woman and four men) are on the road for one week every month and perform plays on issues related to PSI products. All are full-time actors. One of the male actors always acts in female roles. Their work is directed by one person, who produces the storylines in dialogue with the rest of the group, and who also acts in ACB radio spots together with Manyanda Drama Group. The observed performance on the streets of Nkhotakota dealt with the issue of disclosing the cause of death of the de-

ceased at funerals and also with the use of condoms to prevent HIV infection. (Performance on 25 August 2001, interview with the director on 6 September 2001, Lilongwe)

While doing the laundry a wife happens to find a packet with two condoms in the pockets of her husband. When he comes home, she confronts him. As there are always three condoms in a (Chishango) packet she wants to know where the third condom is. Initially, her husband denies any wrongdoing and blames a friend for using the missing condom. When he asks her to prepare lunch for him she tells him: "Go and prepare your lunch for yourself, or go to the other woman and let her cook for you!". Finally her husband admits. He says he had to work somewhere else for five months and cannot stand such a long time without having sexual intercourse – "is there anything wrong with it?" His wife is outraged and asks the audience for advice. When she is told to leave him and move to her family, husband and wife begin to fight. Their noisy brawl is interrupted by their neighbours who intervene and want to know what has happened. They all sit down. The wife accuses the husband. The husband tries to justify himself. Eventually, he also looks for advice from the audience. He leaves his chair and a male audience member, a teacher from the local primary school which organised the event, sits in his place and tells him he was right to use a condom. The neighbours support the husband's position and say this was a sign that he really loved her – by using condoms he protects her as well as his family. They advise the wife about condoms: there are no side-effects, one size fits all, they are like an "emergency window" to be broken only if absolutely necessary: "AIDS is everywhere, so wherever you go: carry a condom. But the best way is to stick to one partner and to abstain." They discuss HIV/AIDS and its impact on families and communities. Finally, the wife gives in and apologises to her husband. Next time, she says, she will put condoms into his pockets when he goes away. They decide to compose a song on HIV/AIDS and start singing: "This disease makes you lose your fame, lose your body shape. AIDS is spreading, you have to prevent it..."

Manayanda Drama Group

NAPHAM Drama Group is based in Lilongwe and has been in existence for two years. NAPHAM stands for National Association for People Living with HIV/AIDS

in Malawi, a Malawian NGO working with people infected and affected by HIV/AIDS by supporting home-based care and by organising training, counselling, group therapy, and outreach education. As part of its outreach approach, NAPHAM pays a drama group which performs plays on HIV/AIDS in communities, schools, and companies. The group consists of four men and three women aged between 21 and 25. After being HIV tested, they wanted to disseminate information on HIV/AIDS and decided theatre was the best way to do this. Several members brought some theatre experience from secondary school and under-five-clinics into the group's work. The group has no director. They create their scenes collectively. They meet for rehearsals once a week and conduct performances every week. The performance the research team had the opportunity to observe in the village of Pwetekere focused on promiscuity and cultural practices. (Performance on 6 August, group interview on 7 September 2001, Lilongwe)

Nkhotakota: a hospital-based group

During an excursion to Nkhotakota, a lakeshore town in the district of Nkhotakota about 200 kilometres from Lilongwe (where also the PSI-performance of Luntha Drama Group took place), the research team took the opportunity to observe the performance of a hospital-based group. This organisational form had not been encountered, neither in the project area nor in Lilongwe.

St. Anne's Drama Group is based at St. Anne's hospital in Nkhotakota. The group consists of ten members (aged between 21 and 26), seven of which are employees of the hospital. It was founded in 1990. The group members meet twice a week for rehearsals and perform every weekend in communities or at the workplace for staff and patients. The plays are created by one person, but discussed with the whole group. The research team was able to observe two performances in the hospital yard, one of which is described in a textbox. The other performance dealt with HIV testing and the role of traditional healers. (Performance and group interview on 25 August 2001, Nkhotakota)

A married couple returns from the hospital. The husband is sick and has difficulties walking. He lies down. His wife cares for him. A friend pays them a visit and prays: "Oh

Lord, let him die, but when he dies his wife will be mine." When they are outside, he tells her he wants to marry her – as soon as possible. "I will serve my husband until he dies", she replies to him. "By the fourth day he is still alive I will know that you don't love me", he says and returns home. There he is confronted by his wife: "I heard from a friend you were seen with the wife of the sick man. You must be very stupid! There are rumours he is HIV positive and you are going out with his wife!". "This one can't be infected with HIV – he has been working for such a long time!", her husband replies. His wife says she wants to separate from him and leaves for her family. Eventually the sick husband dies and the friend meets the wife of the deceased: "Your husband passed away, so now you are my wife!" She is coughing heavily. She asks him if he knows she has eight children and if he thinks his parents will be happy about this. He tells her to hide her coughing when they meet his parents: "My parents don't want me to marry a sick woman." Some time later, he returns to his old house, coughing. In the house he meets his old wife. He confesses he has been with the other woman. "I will not assist you, now it is your problem. You have been with the other lady and now you come back after leaving me alone with the children. Now that you're suffering you're telling me what a good wife I am. Go to this other lady!", she tells him. She calls her uncle to be present when her husband confesses, so she cannot be made responsible for his disease. She tells him her husband had been with another woman who must have been HIV positive because her husband had died of AIDS. They accompany him to the hospital to conduct an HIV test. The test is positive. The whole drama group starts singing a song about HIV/AIDS: "AIDS is a deadly disease..."

St. Anne's Drama Group

6.3.2 Performances

The theatre performances the research team was able to observe did not take place in theatres. The drama groups showed their plays in much more public places – places of social activity and everyday communication. Village squares, market places, sports grounds, hospital yards, and places next to schools and churches became the settings for theatre events, often being the very same environments in which the plays were set. Without stage and curtain, most of the performances were shown in the middle of the audience which was seated on the ground, separated into groups of men, women, and children. Only the village headmen and guests from outside were offered chairs or benches. Audience numbers varied, depending heavily on place and time, from about 90 spectators in the village of Masakamika to about 600 at an agricultural show in Malingunde. Most of the drama groups made little use of props and costumes.

All of the observed performances were conducted in Chichewa, using the language and the daily-life aesthetics of the local people. All the groups asked responded positively to the question if their play was based on a real situation (see Annex – Q8). Often various aspects of the topic HIV/AIDS were integrated into one performance. Even if a play was focused on two or three central issues concerning HIV/AIDS (as outlined in the group portraits in chapter 6.3.1), general information and advice on the pandemic were often integrated via an "advising character", who entered the play at some stage. Various performances included songs and music, while some drama groups also wrote poems and presented them before and after the plays.

The objective of this study is not to undertake any detailed performance analysis or to assess the quality of the theatrical work of the drama groups. Suffice it to say that the research team has been deeply impressed by the activities of the different drama groups it encountered. There is a high motivation among people who decide to work on HIV/AIDS with theatrical means, and an extraordinarily high amount of collective creativity. It does not seem to be difficult for ordinary people to come together and start improvising a play on HIV/AIDS, which in relatively short time is ready for performance and exciting enough to fascinate a large audience. The team had the chance to observe several stunning performances by groups whose members never had any theatre training. Much of the acting was fabulous, and some of the drama groups made excellent use of the given space on the village "stage".

Nevertheless, one point has also become quite clear: if groups working on

HIV/AIDS do not have access to the necessary information, there is the danger of misconceptions being reproduced in the performances. This regards, for example, the difference between HIV and AIDS, which, as has been shown in chapter 5.3, is often not clear in the communities. If there are no signs and symptoms, it is, in fact, not easy to show in a theatrical context that someone is HIV positive. So some characters in some plays tend to fall sick from AIDS quite soon after they have been infected with HIV. There is, for example, the husband who meets an HIV positive woman, has sex with her, comes home to his wife, and starts coughing. A similarly confusing situation occurred in a scene where a sick person goes to the hospital, reports coughing and diarrhoea and is told by the doctor without conducting an HIV test: "Without doubts, with these symptoms you must have AIDS".

Another point worth mentioning is the reproduction of what David Kerr critically refers to as patterns of "Mr. Wise and Mr. Foolish" (KERR, 1991:63). The main rationale behind some of the observed scenes seems to be the creation of "advice settings", in which one person can be enlightened by another about HIV/AIDS – verbally. Often the "advising character" is a person of authority: a chief, a doctor, an extension worker. In this way the potential that theatre has – to make things visible through action – is not taken advantage of. In contrast, however, most of the groups do not stick to this pattern and do manage to disseminate their HIV/AIDS information mainly through theatrical action.

6.3.3 External and internal raising of awareness

The reactions of the interviewed spectators to the observed performances are extraordinarily positive. All 18 spectators say they liked the performances (q1). 15 of them cannot name a single element of the performances they did not like (q3). All interviewees respond positively to the question if they think theatre is a good means to discuss HIV/AIDS (q4). Some of the responses are shown in the following (for the complete results of the spectator interviews see Annex IV):

- Yes, because you see the things happening (unlike on the radio or in the newspaper).
- Yes, because people learned something in a very practical way.
- Yes, because children receive practical examples.
- Yes, because people understand much more through this means.
- Yes, because with drama it is easy to teach each other.
- Yes, because drama makes behavioural change possible.

The last answer leads to an important question: Does theatre on HIV/AIDS have an impact? Does it lead to behavioural change? The five-week field phase of this study was too short to attempt any impact monitoring of the kind that was described in chapter 6.2.2 concerning the Primary Health Care project and to find evidence, for example, that there was a rising condom use in a village where there had been a theatre performance. But some questions on impact were discussed with spectators and with the drama groups themselves.

14 of the 18 interviewed spectators state that people are going to talk more about HIV/AIDS after the performance (q5). Furthermore, 12 spectators respond positively to the question "Do you think such a performance can change people's behaviour?", while one thought it was "possible", three stated they thought it could change *some* people's behaviour and one person thought behavioural change was possible only if there were regular follow-up meetings (q6). This predominantly positive assessment of the role of theatre in fighting the spread of the epidemic is reflected in the views of the drama groups themselves. Generally speaking, all of the groups that were asked this question are convinced they can achieve some behavioural change in their audiences (Q16). Members of Luntha

Drama Group and Chitedze HIV/AIDS Awareness Group report that many spectators come to them after the performances to receive more detailed information or to ask private questions about the topic. A representative of NAPHAM tells the research team that after performances of their drama group young people ask for condoms and information on HIV testing. The group from Chitedze Health Centre reports that after their performances a lot of people go for testing at the centre.

But beside these signs of growing awareness in the audiences, there is another interesting factor: the changes within the group. Asked if their theatre work on HIV/AIDS has changed anything for them personally (Q17), many group members report that they have gained considerable knowledge on HIV/AIDS and some say that this has led them to change their sexual behaviour. Often they link this change to their exposure to the public, or, as one female member of Chileka Health Centre Drama group put it: "We had to change, because we had to give an example". One male member of Chitedze HIV/AIDS Awareness Group said that before playing theatre on HIV/AIDS he had been living a "reckless life" and now he tries to abstain, while a female member of Manyanda Drama Group told the research team: "Poverty affects you but it does not kill you. It is better to survive in poverty than to die from AIDS".

So the potentials of theatre in terms of changing behaviour are two-fold: there can be a raising of HIV/AIDS awareness along with behavioural change in the audiences. No less significant are the changes within the group, where the collective process of learning and creating scenes on HIV/AIDS can lead to higher awareness and reported behavioural change. Or, putting it in a more theoretical way: the process of codification (i.e. the collective creation of scenes on a certain topic) is at least as effective as the process of decodification (i.e. the audience's understanding what is going on in the scenes). So the formation of drama groups working on HIV/AIDS means at the same time the formation of groups whose members work intensively on the HIV/AIDS topic, learning themselves while discussing how best to bring it to the audiences, and often being perceived as role models by their respective milieus. There can be an *external* as well as an *internal* raising of awareness.

6.3.4 Masakamika: the conversion of a village event

Masakamika is a village in Mpingu EPA, inhabited by 194 farm families. It is one of the bigger villages in the area. On 15 August 2001 Masakamika was the venue of a village event on HIV/AIDS, organised by the local extension worker and the chief from the nearby village of Chitedze, both participants of the Training of Trainers Workshop in May 2001. This was the first village event on HIV/AIDS in Masakamika and the extension worker reported that some people were quite sceptical before, especially one of the chiefs. 20 women, 20 men, and 40 children gathered from nine to eleven in the morning on the village sportsground to listen to information on modes of transmission and condoms, to discuss the role of cultural practices and the impact of HIV/AIDS on village level: about the people who cannot go to the field because they are sick or have to care for their sick relatives. About the numerous funerals, for which the scarce cattle and goats have to be spent. About the problem of AIDS orphans in the village. At the end of the village event the chief of Chitedze suggested the formation of a group that should prepare a theatre performance for the next village event, which was scheduled for the following week. Several young people gathered afterwards to arrange a date for their first rehearsal.

22 August 2001. Same time, same place. Around 90 villagers had come to the sports ground, waiting for what was going to happen. On this day the event started in a different way: about 25 children came running to the centre of the gathering and started to sing and dance: "There's a disease around, there's a virus around / I don't want AIDS, it kills you / let's unite to fight it...". Directly afterwards the second contribution: a poem read by a young man, encouraging his fellow youths to abstain. The next poem was in English: "The AIDS victim's lament". Then a group of elderly women, youth advisors, came to the centre, dancing and singing a song discouraging promiscuity: "What do you want? / You've got a husband, you've got a wife ...". After a few introductory remarks and questions to the audience from the chief of Chitedze, Kupewa Drama Group began with its performance. Their play is about two daughters who are told by their parents to be careful and not to go to the bar to meet men. But the daughters reply to their parents that, if they continue to refuse them pocket money, they have no other choice than to go to the bar. A short time afterwards they are in the bar, drinking and dancing with men. One of the men pays one of the daughters for having sex with him. He refuses to use a condom. Some time later he falls sick

and eventually dies from AIDS, in the presence of fellow villagers and the chief, who advises them on HIV/AIDS and the treatment of the dead body. The performance was followed by a discussion with the audience about what they had seen, facilitated by the chief of Chitedze. After this a second group, Mandala Drama Group, performed two plays. One of them is described in detail in a text-box, while the other one deals with an HIV/AIDS counsellor who first gives advice on testing and is then caught while trying to rape a girl. He is taken to the hospital, tested HIV positive and sentenced to 15 years in prison. The play was followed by another post-performance discussion and the creation of an HIV/AIDS village committee, whose members and chairwomen were suggested by the audience. A spontaneously formed girls' choir sang another song on HIV/AIDS, before the event was concluded with a short speech by the Development Officer (DO) of Mpingu EPA and a closing prayer.



Fig. 6.5: Children performing dances and songs on HIV/AIDS



**Fig. 6.6: A sing'anga (traditional healer) and some of his tools
(Mandala Drama Group)**



Fig. 6.7: A man falling sick from AIDS (Kupewa Drama Group)

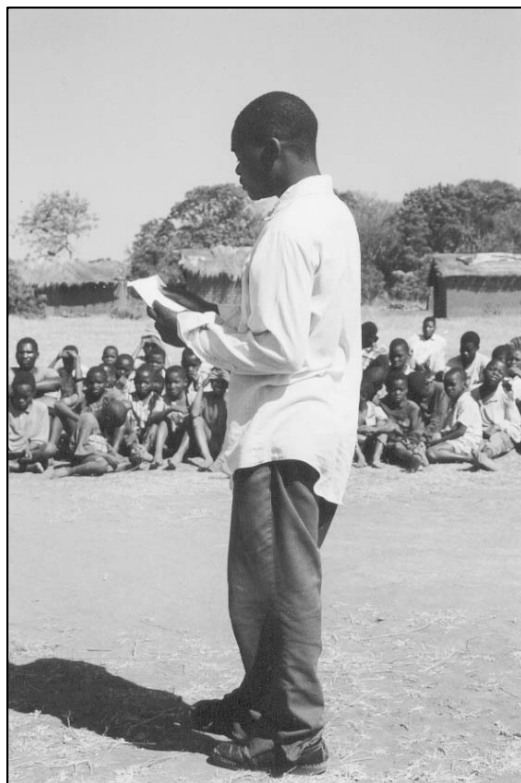


Fig. 6.8: Reciting a poem

Something had happened in the village of Masakamika during this one week between the two events. Something which led to the conversion of a conventional HIV/AIDS awareness event with dissemination of information and advice into an almost festival-like event integrating various forms of cultural expression – theatre, songs, dance, poems –, all dealing with the HIV/AIDS topic. During a joint group interview with the two drama groups it became clear that Mandala Drama Group had just been formed two days before, Kupewa Drama Group one day before the village event. Both had been meeting with the extension worker to receive some information on the subject and immediately afterwards they started to prepare their plays. Three to four members of each group were responsible for the creation of the storylines before the whole group started to improvise. Group members told the research team that all three plays refer to events that have taken place in the village. For them theatre is "a very good means to disseminate messages – people get entertained and learn at the same time." (Q14) Both groups would like to continue their work, to get access to more information on HIV/AIDS, to recruit new members, and, if there is transport, to also perform in other places.

A similarly spontaneous process occurred with the two other groups. The women's choir of youth advisors had never sung songs on HIV/AIDS before and decided in the morning to contribute to the programme, when they were waiting for the event to start. The same happened with the spontaneously formed girls' choir. They would like to continue as a group and also to play theatre.

How did the four spectators interviewed after the event in Masakamika perceive the performances? All of them liked what had been happening. Asked what they had liked in particular (q2) they mentioned:

- The sequence of scenes
- Good information for old and young
- Useful information on prevention
- It focused on youth
- Now it is easier to talk to the family about HIV/AIDS.

All four spectators thought that people will talk more about HIV/AIDS after the

performance and that theatre is a good means to discuss HIV/AIDS issues (q5/q6). Three of them thought that such a performance can change behaviour, but one person stated that this could only happen if there are regular follow-up meetings (q6).

A tobacco farmer likes to drink and spends most of his newly-earned money on alcohol, so he cannot pay the necessities of his three wives. One of them goes for a blood test and is told she is HIV positive. Back home, she tells her fellow wives. The women accuse each other of being responsible for bringing the virus into the family. Some time later, the husband does not feel well and goes to the sing'anga, the traditional healer, to ask for advice. The sing'anga explains to the husband the reason must be that some people hate him because of his high tobacco earnings. The farmer thinks this is a plausible explanation: "This could be true. I'm not doing well with my neighbours at the moment". He receives some medicine and returns home. An HIV/AIDS Counsellor from the hospital pays a visit to their village. After he has persuaded an elderly man to organise an HIV testing campaign in the community, the counsellor visits the farmer's family, knowing about the HIV positive wife. He gives them advice about what to do when one person is tested HIV positive and tells the husband: "You are the one who contributes to the spread of the virus. You shouldn't go to the sing'anga, but to the hospital." He does not manage to convince him. When the HIV positive wife falls sick and insists on being taken to the hospital, her husband refuses and calls the sing'anga again: "I do not think it is AIDS. The sing'anga will help you". Eventually the wife dies.

Mandala Drama Group

When the research team met the newly-formed Masakamika HIV/AIDS committee on 5 September 2001, it had not yet started its work. Nevertheless, the members had various ideas about what the committee could do: Motivate and encourage other people to prevent the spread of the disease, disseminate information, support the work of the drama groups, and play the role of "a watchdog – to advise them if their messages are wrong". Two members of Kupewa Drama Group are also in the committee. The committee members would like to get in contact with other committees to learn from their experiences.

The purpose of this elaboration of the example of Masakamika is not to say that

every single village event should be like the one on 22 August 2001, nor does it claim that this explosion of activities had nothing to do with the presence of a German research team related to GTZ. But the event demonstrated the enormous potential in using different forms of cultural expression to tackle a topic like HIV/AIDS in a community and made aware of the spontaneous and collective creativity that lead to this little festival.

6.4 Obstacles and needs

Asked about the problems and constraints they are facing (Q19), many groups first mention logistical issues. In particular the lack of transport is regarded as being a major obstacle. The research team encountered many groups who are very motivated to conduct theatre performances on HIV/AIDS in places outside of their immediate environments, but they lack the means of transport to get there. Other groups mentioned a general lack of funds to pay for transport, costumes, and musical instruments.

Another problem is the access to information on HIV/AIDS issues. The community groups' sources of HIV/AIDS information are not different to the sources of information of their audiences: radio, some posters and leaflets, health personnel and their very own experiences. What has been outlined from the perspective of the research team in chapter 6.3.2 is being reflected in the views of several drama group members: without enough information on HIV/AIDS it is difficult to play theatre about the topic, and it is even more difficult to answer questions from the audience after the performances. "Sometimes", a member of Chitedze HIV/AIDS Awareness Group told the research team in a discussion, "I feel like one blind man leading another".

6.5 Conclusions and perspectives

What should have become clear by now is that there is a tremendous potential in the integration of theatre into HIV/AIDS prevention in the rural areas in Malawi. As was pointed out in the beginning of this chapter, theatre is more than appropriate in rural areas because it is based on human resources and local creativity, and this has been impressively confirmed by the many groups and performances the research team had the opportunity to encounter. Much of what the team has observed in the communities was not theatre *for* the people. It was not even theatre *with* the people. It was theatre *by* the people, who, in a process of collective creativity, prepared storylines, rehearsed plays, and staged performances on HIV/AIDS issues and promoted dialogue on the fight against the pandemic. The collectiveness of the creating process provides for the fact, that, beside the effects on the spectators, behavioural change and a raising of awareness can occur *within* the drama groups, whose members can, in a real process of multiplication, also influence their personal environments.

It was also pointed out that the main constraints for the drama groups are transport and – especially for the community groups – the difficult access to information on HIV/AIDS. It has become clear that it is essential for drama groups working on HIV/AIDS to have better access to information on the topic.

Some of the results of the interviews with ToT participants and with villagers after village events (see chapters 5.3 and 5.4) provide a vivid picture about the possibilities of integrating theatre into the activities of the DAES. All of the 30 villagers who were asked if they would like “more songs and drama” to be included in the programme responded positively. The ToT participants themselves unanimously welcomed the idea of using more theatre in their activities: All 29 gave positive answers when they were asked what they thought about theatre as a means of spreading HIV/AIDS messages. Asked *how* they could imagine to integrate theatre into their activities, they developed various ideas (for the complete results see Annex III).

Some want theatre to become part of different stages of their village events:

- Drama should come first, then the message should be passed.

- As an icebreaker / to get attention
- In between the lectures about HIV/AIDS
- As a review after presenting the subject to see what they have learned.

Several ToT participants expressed their interest in working together with drama groups from outside the communities or even in playing theatre on HIV/AIDS themselves and performing in the villages, while others focused more on the co-operation with existing groups on community level or on the formation of new ones:

- Encourage the villagers to create their own drama group to have a better effect in the communities
- The villagers could play
- Health centres and communities should have groups of their own.

Departing from this and referring back to the objectives of the research – in this case the exploration of possibilities of integrating theatre into the DAES activities related to HIV/AIDS – the following question needs to be answered:

6.5.1 What could the integration of theatre into the DAES activities mean?

Extension workers

From the perspective of the research team, there are two interesting possibilities of how extension workers and other field level staff could integrate theatre into their activities:

- Some extension workers and other field level staff can form drama groups working on HIV/AIDS issues in order to perform in communities, at agricultural shows, or at the workplace (as happened in Mpingu EPA with the extension workers' group Chosamua Chinamva Nkhwangwa Iri M'Mutu, directed by the local DO).
- ToT participants support the work of the already existing drama groups working on HIV/AIDS subjects in the communities and stimulate the crea-

tion of new community groups. Village events on HIV/AIDS awareness can provide the basis for motivating community members to prepare performances for the following event (as happened in the village of Masakamika in Mpingu EPA). Drama groups from one community could be performing at village events in neighbouring villages. Promising approaches would also be the inclusion of Edzi Toto clubs to contribute to the village events and a close co-operation with the activities of the newly-established HIV/AIDS committees. The role of the ToT participants could be to further accompany the community groups and to give them initial support in terms of information on HIV/AIDS.

Both possibilities would require some capacity building on theatre skills, sensitising extension workers and other field level staff for the work with drama groups on village level. For the participants of the Training of Trainers Workshop in May 2001 this could mean the integration of theatre modules into their follow-up training. The following ToT Workshop's curriculum should be redesigned to include practical theatre modules (see 6.5.2).

Community groups

It has become clear that it does not seem to be a problem for many community members to start a drama group by themselves and to collectively create storylines and rehearse for their first performances. It would be helpful if extension workers and other field level staff were ready to stimulate this process (for example in village events) and if they were able to accompany the groups in the beginning with information on HIV/AIDS issues. Similarly, already existing groups could also be motivated to work on the topic HIV/AIDS.

When community drama groups have been in existence for some time, have developed their first storylines, have met regularly for rehearsals and conducted their first performances in the communities, they often feel motivated to perform in other places outside their immediate environments. They could be presenting their work in other communities, stimulate the formation of other groups, and exchange experiences with similar groups working on HIV/AIDS issues. But unfor-

tunately the lack of transport spoils these ambitious plans. In the view of the research team, there is a clear need for financial support, especially to cover travel expenses.

As the drama groups' access to information on HIV/AIDS is often very limited, it is necessary to provide them with possibilities of improving their knowledge on the subject. It is essential for groups working on HIV/AIDS to have enough information to be able to disseminate messages in a responsible way. Training on HIV/AIDS issues would empower them to work more autonomously, to consciously and critically reflect on the nature of their messages, and to answer questions from their audiences with a better knowledge background. Furthermore, it would make sense to combine training on HIV/AIDS with training on theatre skills in order to make the theatrical dissemination of messages even more effective. The participants would be able to collectively reflect on how to depict HIV/AIDS related topics in a theatrical context. Members of different community groups could be participating in such a training and could get to know each other. They could then act as multipliers, contributing their experiences to the work of their respective groups and maybe stimulating more theatre activities in their own and in neighbouring communities. The participation of at least two members per group should be possible, to ensure that processes of collective creativity remain collective processes.

For the already existing groups who expressed an urgent need to improve their knowledge on the HIV/AIDS subject, a short-term solution could be the integration of those who expressed interest into the next ToT Workshop.

For both trainings, experience and knowledge of theatre practitioners from the Blantyre-based NGO The Story Workshop as well as from Lilongwe-based urban groups could be a very valuable resource.

Urban groups

Newly formed community groups can learn a lot from the vast theatre experience of the urban groups. The participation of members of urban groups in conducting the trainings on theatre skills for community members and field level staff would be an interesting perspective as well as well-advertised mobilising tours in the communities with the aim of promoting the idea of working on the topic of HIV/AIDS with theatrical means. This could be complemented by further integrating the HIV/AIDS subject into radio programmes produced by the ACB in co-operation with members of the Lilongwe-based drama groups.

Workplace

One of the more current components of the ministry-wide workplace programme, which has been described in detail in chapter 3.2, is the formation of workplace drama groups. The extension workers' group from Mpingu EPA has already been mentioned, and the research team learned that there are two more groups in the process of formation, one based in the MoAI at Capital Hill and one at Lilongwe ADD headquarters. Much of the findings this study has gained on community level also applies to the workplace: the benefits of working collectively in a creative way on an issue like HIV/AIDS, the internal and the external raising of awareness etc.. The research team has gained the impression that the first and most important step to support the formation and a successful start of these groups is to give them time and space for regular meetings during the group members' working hours.

The Drama Taskforce

As part of the workplace programme, a Drama Taskforce has been formed in the MoAI. It has the aims of establishing links between the theatre activities on different levels of the MoAI and in the communities, and of discussing the possible role of theatre in preventing the spread of the disease. The group is composed of representatives of different units of the DAES, ACB, Lilongwe ADD, EPA, and of the workplace programme, as well as of theatre practitioners like the directors of Luntha Drama Group and Manyanda Drama Group. It is chaired by Dr. Grace Malindi, Deputy Director of the DAES. After its formation on 21 August 2001 in the MoAI, the Drama Taskforce met in the field during an event with the participation of various drama groups and the presence of MoAI staff in Njewa on 23 August. The third meeting was held in the rooms of the ACB on 4 September, with the participation of two representatives of the NGO The Story Workshop, who gave a presentation on their Action Theatre project. During this meeting, questions prepared with the participation of the research team were handed out to the task force members to be discussed during the next meeting and to provide a basis for the upcoming taskforce activities (see Annex IV). The next steps would be the establishment of Terms of Reference and a clearer definition of the future role of the Drama Taskforce.

Drama groups in dialogue

The event which took place in Njewa on 23 August has already been mentioned in the last paragraph. Originally planned to be a village event, it evolved into a meeting of four different drama groups, who all performed on the same morning for the village population and the guests from the MoAI: Chitedze HIV/AIDS Awareness Group (a health centre-based community group), Njewa Drama Group (a village-based community group), Manyanda Drama Group (an urban group), and the extension workers' group Chosamua Chinamva Nkhwangwa Iri M'Mutu. Before the event, most of the groups would probably not have known of each other's existence. Lack of transport and the difficulties of communicating in rural areas make it hard to know what is going on in the rest of, say, the EPA. This is lamentable, because many drama groups could profit considerably from getting into contact with other groups doing similar things and from knowing that they are not the only ones trying to disseminate HIV/AIDS messages with theatri-

cal means.

In the eyes of the research team, the organisation of regular dialogues of drama groups working on HIV/AIDS would be a promising perspective. These meetings could provide a forum for exchanging experiences, seeing how other groups deal with the difficult topic of HIV/AIDS, and gaining stimulation and motivation for the work in the own community. Various forms of networking are imaginable, from regular joint performances of a few community drama groups at village events to EPA- or even RDP-wide festivals, featuring the different community groups, extension workers' groups, urban groups, and workplace groups. To realise this, assistance to pay for travel expenses would be essential.

No matter how big the networking event, other forms of cultural expression – poetry, dance, songs, arts etc. – could also be present and demonstrate different ways of approaching the subject HIV/AIDS. At some of the observed village events this was already happening. Concerning an approach of integrating those various forms into HIV/AIDS awareness activities, again the Story Workshop's experience and mobilising competence could be of great use.

6.5.2 Participatory theatre

The idea of a combined training on HIV/AIDS and theatre skills has been mentioned several times in the preceding paragraphs, concerning both the ToT Workshop and a training for members of newly-formed drama groups. However, few words have been said so far about what the objectives of these trainings could be and why it makes sense to combine theatre and HIV/AIDS in one training.

A combined approach of an integrated HIV/AIDS and theatre training has several advantages. If the training directs itself towards members of drama groups working on HIV/AIDS issues, it could become part of the networking efforts and provide possibilities for dialogue between the different drama groups. The combination of both would enable the training participants to discuss the difficulties of theatrically working on the HIV/AIDS subject, for example the question of how to depict that someone is HIV positive (see chapter 6.3.2).

The main focus of the theatre part of the training should be the exploration of *participatory* theatre techniques. This would not be restricted to the question of ice-breakers at the beginning of theatre events or to discussions of how best to stimulate and facilitate post-performance discussions with the audience. The exploration of participatory theatre techniques would mean exploring forms of theatre, in which the audience can intervene into the stage action and influence the course of events. Especially techniques explored by the Brazilian "theatre of the oppressed" practitioner Augusto Boal could be a very interesting perspective for Malawian theatre on HIV/AIDS issues.

Boal does not accept the separation between actors and spectators, but tries to actively involve the audience into the performances. For example the idea of *simultaneous dramaturgy* is to present a play to up to a certain point, at which the protagonist has got into trouble and does not know what to do (another possibility is to present the whole play with a negative ending and then act it out again). At this moment the stage action is frozen and the "joker", who facilitates the discussion with the audience, asks the spectators to suggest possible ways to go for the protagonist, to find solutions for the difficult situation, to propose ways how to resist oppression etc.. *Forum theatre* goes one step further and asks the audience (the "spect-actors", as Boal calls them) to change the scene by acting out their suggestions themselves. This way the search for solutions and the exploration of behavioural change can become a collective process of actors and audiences, who enter in a dialogue on alternatives to existing situations – rehearsing change (see BOAL, 1979; BOAL, 1992; BOAL, 1998; for African adaptations: MDA, 1993; MLAMA, 1991; KAMPAORÉ, 2000).

The research team believes that participatory theatre would be a promising approach for Malawian theatre on HIV/AIDS issues. Generally speaking, the audiences at the observed performances were actively following what was happening in the theatrical action. It rarely happened that drama groups used participatory techniques, but when they did this was welcomed by the audiences. This impression is being supported by the results of an evaluation of the "Family Life Education programme for out of school youth" of the Department of Youth. It showed that in the five different pilot districts "interactive drama" (including forum theatre) was very popular among the youth and was effectively promoting behavioural change (see OLUTU-LEIGH, 1999). Writing about the participatory theatre used in the Primary Health Care project described in chapter 6.2.2, David Kerr states that "it was only able to work with Malawian villagers because it fitted into indigenous participatory aesthetic practices". He gives various examples for these aesthetic

practices: the tradition of participatory moral debate on dilemma tales, audience intervention during oral performances of the Ngoni, and the closeness of participatory theatre and the tradition of democratic debate at village court cases (see KERR, 1998:235-237).

In the spectator interviews conducted during the research phase of this study, 13 of 18 interviewees said they could imagine to play theatre themselves (q7). Although this number is in no way representative, it gives an idea of the possibilities of the formation of community drama groups as well as the integration of participatory theatre techniques, which do not only expect the audience to listen and to watch, but to become part of the action, change the scene and act themselves.

7 Recommendations

1. *The Training of Trainers approach of the MoAI should be scaled up to a country-wide programme and theatre should be integrated into the activities.*

2. *The Training of Trainers Workshop curriculum should be revised.*

There should be two 5½ day trainings with six months in between, the first part focusing on knowledge on HIV/AIDS and on facilitation skills (3½ days), as well as on theatre skills (2 days). The second part should focus on in-depth knowledge on specific HIV/AIDS issues (4 days) and again on theatre skills (at least 1 day).

2a) The Training of Trainers Workshop curriculum should be revised to better reflect the needs of the community with a focus on practical tools while minimising the theoretical.

- Multi-sectoral teams of facilitators, consisting of employees of different ministries and from communities, should be encouraged. For future Trainings of Trainers Workshops it should be ensured that half of the participants are community representatives. If possible one female should be part of each multi-sectoral facilitator team.
- Gender issues should be emphasised in proceeding trainings. The ratio of male to female ToT participants should reflect the population at large. The female facilitators should be encouraged to take a more active role in village events since they are role models for the most vulnerable members of the community.

The ToT participants should understand the benefits of introducing topics incrementally from less to more sensitive e.g. do not introduce condoms in an initial session. Besides, the introduction of female condoms would empower women while offering another method of prevention. Home based care and orphan care have to be included into the Workshop as many facilitators work daily with farmers that have a sick family member at home and with orphan

headed households or old people taking care of orphans. Issues such as mother-to-child transmission during pregnancy as well as the possible consequences of breast-feeding are also important. The ToT participants should be familiarised with the resources available concerning voluntary HIV counselling and testing.

2b) The Training of Trainers Workshop should be redesigned to contain training on theatre skills.

Extension workers and other field level staff should support existing drama groups and encourage the communities to form new drama groups working on HIV/AIDS issues. Additionally, some extension workers could form drama groups themselves to disseminate HIV/AIDS messages in a different manner. In order to sensitise the extension workers for this integration of theatre into their activities, the theatre skills training should include practical theatre modules on collectively creating storylines on HIV/AIDS related topics, on performance skills and the exploration of participatory theatre techniques. The training should include discussions on ways to mobilise and motivate communities to form their own drama groups.

3. *A follow-up training for the May 2001 Training of Trainers participants should be undertaken. This training should include practical parts that were not covered during the first training in May 2001. It is also recommended to integrate modules on theatre skills into this follow-up training.*

Areas of focus should include the introduction of female condoms, home-based care issues, orphan care, and voluntary HIV counselling and testing information for the reasons given in the second recommendation. Furthermore, the curriculum should include training on correct condom use, modes of transmission, gender sensitisation as well as ways of addressing topics in village events in a slow and incremental manner. Additionally, the roles of HIV/AIDS-related village committees should be explored.

The ToT participants of May 2001, some of which have already started to

motivate the formation of community drama groups, should be provided with training in order to further integrate theatre into their activities. The theatre modules should be practical and should include the exploration of participatory theatre techniques.

4. A manual serving as reference tool and guideline should be developed and distributed.

For quicker mainstreaming and uniformity of agriculture-based HIV/AIDS awareness activities on community level, a manual would be a useful guideline and reference tool for all facilitators. The RAIDS Community Toolkit, supplemented by a part on theatre and HIV/AIDS, could be a good basis for the manual.

5. There should be a supervised monitoring system, comprised of members of the team conducting the Training of Trainers Workshop, periodically visiting and observing ToT participants as they facilitate village events.

This is in order to give immediate feedback to the facilitators in areas for improvement as well as to emphasise their successes.

6. There should be an integrated HIV/AIDS and theatre training of one week for representatives of existing and of newly-formed community drama groups.

It is essential for drama groups working on HIV/AIDS to have access to sufficient information on the subject. Furthermore, it would be of great benefit to combine training on HIV/AIDS knowledge with training on theatre skills. This should be especially focused on the specific challenges of playing theatre on HIV/AIDS issues and on the exploration of participatory theatre techniques. At least two members of each community drama group should be invited.

7. It is recommended to take advantage of the expertise of experienced theatre practitioners to conduct the various training modules on theatre skills.

Especially a cooperation with the NGO The Story Workshop from Blantyre and with some urban drama groups like Manyanda Drama Group and Luntha Drama Group in Lilongwe should be considered.

8. Regular dialogues of the different community drama groups, extension workers' groups, urban groups and workplace groups should be established.

A regular exchange of experiences and a continuous process of learning from each other should be promoted by establishing a series of events, where various drama groups perform for each other and for community audiences. This networking could be realised by organising joint performances of several drama groups or even festivals comprising various forms of cultural expression dealing with HIV/AIDS issues. The newly-established Drama Taskforce in the MoAI could be contributing to this networking process as well as to the implementation of the recommendations of this study.

9. Drama groups willing to perform at places outside their immediate environments should be receiving logistical support.

Often drama groups are very motivated to perform in communities which are situated outside walking distance, but unfortunately the lack of the necessary money to pay for transport poses a serious obstacle. The groups' motivation is a great potential which should be maintained. Their performances should be integrated into the further activities of the DAES.

10. The formation of workplace drama groups in the Ministry of Agricul-

ture and Irrigation should be supported by providing interested employees with time and space to meet regularly during working hours.

These drama groups could be formed on different levels of the MoAI and should be an integrated part of the ministry's activities concerning HIV/AIDS.

11. There should be more structured co-ordination and multi-sectoral co-operation between different governmental institutions and between NGOs and governmental institutions throughout the country.

NGOs are also working in the project area on the subjects of HIV/AIDS and the respective impacts on agricultural production. To avoid repetition of services and to maximise resources, it is necessary to ascertain these activities. For this reason it is important that all information about such activities be gathered and reported. The debilitating impacts of the HIV/AIDS pandemic can only be mitigated with a systemic and cross-cutting co-operative effort by all ministries and their resources.

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Annex I**Annex II****Annex III****Annex IV**

Annex I

Goals and objectives of the study

List of institutions and persons contacted

SLE study project:

,HIV/AIDS prevention

in the agricultural sector in Malawi'

Overall goal

The rural population is empowered to prevent the spread of HIV/AIDS and to mitigate the impact of the pandemic.

Project Purpose

The DAES uses the results and recommendations of the study to further improve its service in the field of HIV/AIDS prevention and mitigation.

Results

1. Possibilities of integrating theatre into the DAES activities related to HIV/AIDS are explored.
2. The training of community representatives and extension staff is evaluated and recommendations are given. These include possibilities of communicating the impact of HIV/AIDS on farming systems on village level.

Institutions and persons contacted

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Annex II

Interview guideline for villagers

Interview guideline for field staff (ToT participants)

Knowledge questionnaire for ToT participants

Material for evaluation

Methods of evaluation

Interview guideline for drama groups

Interview guideline for spectators

Theatre events and performances

Spectator interviews

Interview guideline for villagers

(Villagers with village event were asked all questions)

(Villagers without village event were asked questions 9 and 15-27)

Age:

Sex:

Marital status (how many wives?):

How many children:

Interviewer:

How many village events have been there before:

Date:

Place:

1. *How did you like the field activity / village event?*
2. *Which parts did you find most important?*
3. *Did you miss anything? / Was there anything missing?*
4. *Would you like more such activities in your village?*
5. *Do you think the activity was long enough / too short / too long?*
6. *Do you think certain parts could have been longer or shorter? If yes, what would you like to change?*
7. *Do you think the facilitators used the right methods?*
8. *Would you like to have more songs or drama included?*

9. Do you think it would be better to address men and women separately?
10. *Do you think people will change their behaviour after this event / activity?
What will they change?*
11. *Do you think that people will talk more about HIV/AIDS after the event / activity?*
12. *For women only: Do you think the impact on women is greater than on men?*
13. *For women only: Do you feel that the effects of HIV/AIDS on women have been considered sufficiently?*
14. *For women only: Do you feel that women had enough space to give their views on HIV / AIDS?*
15. What is the difference between HIV and AIDS?
16. How is HIV transmitted?
17. Are there any signs and symptoms of AIDS?
18. Are there any signs and symptoms of HIV infection?
19. Is AIDS curable?
20. Are there any traditions / cultural practices which support the spread of HIV/AIDS? Which ones do you know?
21. What is your opinion on condoms?
22. What is your opinion on HIV-testing?
23. What is your opinion on Fisi?
24. Do you discuss HIV/AIDS related matters within your family?

25. Do you discuss HIV/AIDS related matters within your community?

26. Have you ever had sexual intercourse using a condom?

27. Are condoms available in your village? Where is the next place (in your village) you can get them?

Thank you very much!

Interview guideline for field staff (ToT participants)

Preface: Please listen carefully to the question and ask if you did not understand it entirely. We will make sure in the final report, that the answers you gave can not be allocated to you. In other words, nobody will ever know who gave the respective answers.

Age:

Sex:

Ministry:

1. Did you encounter villages that refused to talk about HIV/AIDS?
2. Do you feel well equipped with knowledge and techniques to conduct the training?
3. What further training or information would you need to fulfil your task better?
4. Do you feel sometimes uncomfortable to present the subject? If yes, please specify.
5. In how many events did you take part?
6. What are your biggest problems concerning work on the subject?
7. How did your family/spouse react to your new activities?
8. Did the training you received, change something for your personal life? If yes, please specify.
9. Are there other organisations (governmental or non-governmental) which work on the same subject in your area?
10. Do you feel to get enough support from your superiors?

11. Do you use the wooden penis supplied?
12. Who could be a suitable condom distributor at village level (social marketing)?
13. What do you think about social marketing of condoms?
14. What do you think about drama as a means of spreading HIV/AIDS messages?
15. How could you imagine to integrate drama into your activities?
16. What is your opinion concerning female condoms?

Knowledge questionnaire for ToT participants

17. To what extent do you believe that condoms are very important in reducing the possibility of infection from HIV/AIDS?

Very important (1) ☐

Somewhat important (2) ☐

Not important (3) ☐

In order to contribute effectively to reducing the negative impact of HIV/AIDS, extension staff must be knowledgeable on the epidemic. Your responses to the following questions will assist the ministry in planning to make the extension services a more effective partner in the prevention and management of HIV/AIDS within the rural community.

18. What is the meaning of STI?

19. What is the meaning of STD?

20. Which comes first in the sequence of this epidemic? (*tick one only*)

AIDS comes first ☐

HIV comes first ☐

Don't know ☐

21. Which of the following can lead to HIV infection? (*Tick as many as you believe are correct*)

Male/female sexual activity ☐

Mother-child during pregnancy ☐

Blood transfusions ☐

Shaking hands ☐

Mother-child when nursing ☐

Exchanging clothes ☐

Evaluate the following statements as right, or wrong (tick one only, i.e. right, wrong, or do not know)

	(1)	(2)	(3)
	<i>Right</i>	<i>wrong</i>	<i>Don't know</i>
22. Most transmission of HIV can be prevented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Good nutrition plays an important part in the the quality of life experienced by an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material for Evaluation

Tab. 1: Number of people interviewed

	Total	Female	Male
TOT PARTICIPANTS	29	7	22
Villagers after event	35	17	18
Villagers without event	36	18	18

Tab. 2: Interviewed villagers who attended one or more village events according to their age group

Youth		Young age group		Old age group		Chiefs
4 male	4 female	10 male (incl. 3 chiefs)	9 female	4 male	4 female	3 male

Tab. 3: Interviewed villagers who never attended a HIV/AIDS related village event according to their age groups

Youth		Young age group		Old age group		Chiefs
5 male	4 female	8 male (incl. 2 chiefs)	9 female	5 male (incl. 1 chief)	5 female	3 male

Tab. 4: Name of the villages, EPAs and number of farm families where events have been observed

Name of the village	EPA	Number of farm families
MAWERE	Ming'ongo	38
Masakamika	Mpingu	194
Mandala	Ming'ongo	68
Chamoto	Ming'ongo	135
Chakuzamutu	Chileka	278
Chilinde M'chambo	Mpingu	135
Thumbi	Mpingu	65
Malemia	Chileka	126

Methods of analysis

- Knowledge questionnaire for ToT participants

Some questions were to be answered either with “yes / no”, “right / wrong” or “I do not know”. Others offered multiple choice or had to be answered directly and thus were also easily rated as “right” or “wrong”. The analysis itself was done by calculating how many interviewees answered correctly or incorrectly. The results are given in percent (%).

- Semi-structured interview with ToT participants

In addition to the knowledge questionnaire, the ToT participants were asked questions on their personal opinions and experiences while conducting village events. Most answers were classified as “yes” and “no” or “positive” and

“negative” and all are listed in detail. The results are given in percent (%).

- Semi-structured interview with villagers

For all *knowledge questions* specific categories of correct or partially correct, incomplete, no knowledge at all, and incorrect answers have been identified.

Example: “*How is HIV transmitted?*” (For details see: Villager interview: Question No.16)

- *Correct*: unprotected sexual intercourse and blood transfusion, shared razor blades, or unsterilised needles / injections
- *incomplete*: one or more correct answers without mentioning unprotected sexual intercourse
- *incorrect*: coughing
- *I do not know*: I do not know

The analysis of the questions regarding the *attitudes* and *personal opinions* has a descriptive character. There are no categories of right or wrong answers - the results only reflect the given answers without any judgement. They are also given in percent (%).

Interview guideline for drama groups

Q1: What is the name of the group?

Q2: How long has the group been in existence?

Q3: How old are the group members?

Q4: Where is the group based?

Q5: How do the group members earn their living?

Q6: What is the history of the group? How did it start?

Q7: How does the group work?

Q8: Is the play based on a real situation?

Q9: Do they get money or allowances for performances?

Q10: Where do they get their information on HIV/AIDS from?

Q11: Where do they get their theatre experience from?

Q12: How often do they perform?

Q13: How often do they rehearse?

Q14: Why do they play theatre?

Q15: Why do they work on the topic HIV/AIDS?

Q16: Do they think they can change behaviour through their performances?

Q17: Has the work changed anything for them personally?

Q18: Do they identify with the roles they are playing?

Q19: What are their major constraints / difficulties?

Q20: How do they see their future?

Interview guideline for spectators

q1: How did you like the performance?

q2: What did you like in particular?

q3: What didn't you like?

q4: Do you think drama is a good means to discuss HIV/AIDS? Why? / Why not?

q5: Do you think people will talk more about HIV/AIDS after this performance?

q6: Do you think such a performance can change people's behaviour?

q7: Have you ever played theatre yourself / could you imagine to play theatre?

Tab. 5: Theatre events and performances

Date and venue of event	Name of the groups performing
Pwetekere Area, 6 August 2001	NAPHAM Drama Group

Chitipi, 17 August 2001	Chitipi Drama Group
Mzumanzi, 18 August 2001	Manyanda Drama Group
Chitedze, 19 August 2001	Chitedze HIV/AIDS Awareness Group
Masakamika, 22 August 2001	Mandala Drama Group, Kupewa Drama Group
Njewa, 23 August 2001	Njewa Drama Group, Chitedze HIV/AIDS Awareness Group, Manyanda Drama Group, Chosamua Chinava Nkhwangwa Iri M'Mutu
Nkhotakota, 25 August 2001	Luntha Drama Group
Nkhotakota, 25 August 2001	St. Anne's Drama Group
Malingunde, 30 August 2001	Manyanda Drama Group, Chosamua Chinava Nkhwangwa Iri M'Mutu
Chakuzamutu, 31 August 2001	Chileka Health Centre Drama Group
Ming'ongo, 7 September 2001	Matunduluzi School Edzi Toto Club

Tab. 6: Spectators interviews

Number of interviewees	Place	Group performing
1 man	Mzumanzi	Manyanda
2 men, 2 women	Chitedze	Chitedze HIV/AIDS

		Awareness Group
1 man, 3 women	Masakamika	Kupewa and Mandala
2 men, 2 women	Malingunde	Manyanda and Chosamua Chinava Nkhwangwa Iri M'Mutu
3 men, 2 women	Chakuzamutu	Chileka Health Centre Drama Group

Annex III

Data sheet village event

Results of semi-structured interview with villagers (with village event)

Results of semi-structured interview with villagers (without village event)

Results of semi-structured interview and knowledge questionnaire with ToT participants

Data sheet village event

Date: 7-9-2001	Event 8	Name / position of facilitator/s: Mr. Zimba (Agriculture); Mrs. Zimba (Agriculture); Mr. Sinoya (HSA); Mr. Nyemba (Agriculture) Abbreviation EW stands for Extension Worker
Time: from 10:30 a.m. to 11:15 a.m.		
Location / setting: MALEMIA/CHILEKA EPA Event No. 3 in the village		
Number of spectators: 120		
Number of women / men / children: 20/35/20 (10:30); 40/50/30 (11:15)		
Covered topic/s: Reminding of the necessity of using condoms (demonstration of male and female condoms); Committee building for orphans, home based care, youth; creation of a main committee		
Structure / content: <ol style="list-style-type: none"> Opening session: Chief opening the event <ul style="list-style-type: none"> <u>EW</u>: Reminding the people of the last session about creating committees (orphanage committee with 10 members; youth committee with 10 members; home based care with 10 members) <u>EW - Mpingu</u>: AIDS is an issue that concerns everybody, do not take it as a small issue - since we have discovered it many people have died Everybody in Germany is concerned about AIDS. The situation is worse in Malawi as people here are sexually more active. In Germany the infection rate is ~5%, the infection rate in Malawi is ~40%. I hope you know about AIDS as we cannot talk much here. We as agricultural advisors also talk about HIV/AIDS as also farmers are dying AIDS has no cure, the only way to defeat it is abstinence or use condoms if you cannot abstain Drugs are very expensive, so there is no way of being able to afford them for Malawians If you have got HIV it is not good to get a child - in this case always use a condom Have you started to follow the advice??? - Yes Even at school you should spread the message Prevention/Protection: <ul style="list-style-type: none"> <u>Facilitator</u>: Sexual intercourse is the main cause of the spread of the disease Razor blades - minor issue The use of condoms is especially for the youth important - make sure that wherever you have sex that you have a condom with you as HIV/AIDS is transmitted through sexual intercourse and it can happen that you will be hurt during the intercourse - condoms reduce this danger and you will not be infected easily (repetition of the last session as there are people here today which have not been here for the last session) Condoms have no special size <u>Question</u>: Why is it that only men should wear condoms? Does it mean that HIV is only women are the carriers of the epidemic? <u>Female EW-Mpingu</u>: shows how a female condom is used and that also women should protect themselves - if possible women should also keep their condoms 		
3. Committee building: Each committee should choose a chairman, a secretary and a treasurer which is done The main committee is built from the chairman, secretary and treasurer of each committee (in total it consists of 9 members)		

Annex IV

Results of group interviews with drama groups and other community-based groups

Questions to the Drama Taskforce

Example: Data sheet theatre

Results of spectator interviews

Results of the group interviews with drama groups and other community-based groups

(remark: this is not a questionnaire to be strictly followed, but a rough guide-

line for group interviews. Depending on context and schedule, not all of the questions were asked to every group).

Q1: What is the name of the group?

Q2: How long has the group been in existence?

Q3: How old are the group members?

Q4: Where is the group based?

Q5: How do the group members earn their living?

Q6: What is the history of the group? How did it start?

Q7: How does the group work?

Q8: Is the play based on a real situation?

Q9: Do they get money or allowances for performances?

Q10: Where do they get their information on HIV/AIDS from?

Q11: Where do they get their theatre experience from?

Q12: How often do they perform?

Q13: How often do they rehearse?

Q14: Why do they play theatre?

Q15: Why do they work on the topic HIV/AIDS?

Q16: Do they think they can change behaviour through their performances?

Q17: Has the work changed anything for them personally?

Q18: Do they identify with the roles they are playing?

Q19: What are their major constraints / difficulties?

Q20: How do they see their future?

Drama groups

Chileka Health Centre Drama Group

group interview on 31 August 2001

performance on 31 August 2001

Q1: Chileka Health Centre Drama Group

Q2: since 1996

Q3: 25-45 (nine members altogether, five present at the discussion)

Q4: the members are from around Chileka

Q5: farmers

Q6: Lilongwe Central Hospital suggested the formation of a drama group working on health issues (breast feeding etc.). Since 1997 the group also works on HIV/AIDS.

Q7: four people come up with the plays, one person directs, one person composes the songs and writes the poems

Q8: yes, these are things they see in the villages

Q9: no

Q10: they only know part of the necessary information and already have requested to receive training

Q11: some of them acted in primary school. They would like to receive theatre training.

Q12: at least two times per week (in schools, at under-five-clinics etc.)

Q13: two times per week.

Q14: To teach people about life in general and about HIV/AIDS prevention.

Q15: because people are dying - and for those who are not infected to take the lesson

Q16: Yes, people are changing. They wouldn't like to repeat the same mistakes they see in the plays. Mothers at under-five-clinics learn and spread the information.

Q17: "I used to drink a lot, now I stopped" (male) - "I have given up smoking" (male) - "we had to change because we have to give an example" (female)

Q19: transport and the lack of musical instruments

Q20: they want to continue with their work, looking for help from different organisations and individuals.

Chitedze HIV/AIDS Awareness Group

group interview on 19 August 2001

performances on 19 August and 23 August

Q1: Chitedze HIV/AIDS Awareness Group

Q2: for two years

Q3: 15-33 years (twelve members)

Q4: the members come from different villages around Chitedze

Q5: some go to school, some are farmers, one is a Medical Assistant

Q6: a lot of people were showing interest in the health centre, so they wanted to take HIV/AIDS messages to the villages. So a Medical Assistant and a nurse were gathering people for a drama group.

Q7: they have an "open policy" - there is no playwright, no director, and everybody can bring ideas, even from the outside.

Q9: they work on a voluntary basis, without incentives. Sometimes they get money through shows that goes entirely to the drama group.

Q10: from books supplied by the nurse, from the hospital, from posters, and from the radio. They integrate the audience questions from one performance into the next performance.

Q11: a lot of the group members had no previous theatre experience, some from school.

Q12: two to four times a month.

Q13: three times a week.

Q14: "because I get information from theatre work" (female) - "I am inspired by how people suffer" (female) - "we are teaching others and learning at the same time" (female) - to avoid idleness and to get busy (male)

Q16: people do change their behaviour - after the performances a lot of people go testing at the health centre. They often come after the performances to ask more private questions.

Q17: "it has changed me. Now I have better information and I know what I'm doing" (male) - "before starting theatre I had lived a reckless life. Now I changed my behaviour. *[what does this mean?]* I abstain, because I have not 100% confidence in condoms" (male)

Q19: transport - it is difficult to go to places further away from Chitedze, and they would need training on HIV/AIDS issues.

Q20: the future is bleak. They have to go on foot to their performances. They would like to go to far-off places to perform. They are establishing branches in different villages (Mpingu, Samkani, Ulemu).

Chitipi Drama Group

group interview on 17 August 2001

performance on 17 August 2001

Q1: Chitipi Drama Group

Q2: for one month

Q3: 14-24 (nine members: five men and four women)

Q4: the members all live in Chitipi

Q5: three do business, the others go to secondary school

Q6: the group was started by an AEO and a HAS

Q7: two male members are playwrights and directors

Q10: mainly from the radio

Q11: some of them played theatre before in a spiritual group

Q12: the group has performed four times so far (3 times in churches)

Q13: two times per week

Q15: because HIV/AIDS is a rampant problem

Q16: the audience learns a lot

Q17: the group has learned a lot

Q19: sometimes it is difficult to get the message across

Q20: they want to advance and to grow and to do more teaching on HIV/AIDS.

remark: [*do they know the group from Chitedze?*] they know them, but they have never performed together. They are planning to work together

Chosamua Chinamva Nkhwangwa Iri M'Mutu

interview with DO from Mpingu EPA on 3 September 2001

performances on 23 August and 30 August 2001

Q1: Chosamua Chinamva Nkhwangwa Iri M'Mutu

Q2: since 20 August 2001

Q3: between 30 and 52 years

Q4: they are all from Mpingu EPA (trained HIV/AIDS facilitators)

Q5: three extension officers, one teacher, one teacher, one DO

Q6: due to the training on HIV/AIDS they want to pass messages to give the people the opportunity to reflect what is happening in their villages.

Q7: group is directed by the DO

Q8: yes, very real situations. Mothers do encourage their daughters to fetch materials for the family rather than to be careful

Q9: not yet

Q10: from the ToT Workshop in May

Q11: for the DO: secondary school, College, workshop (where they also performed)

Q12: once so far

Q13: twice so far

Q14: to pass messages to people who do not know how to read or write and to those who do not have radio

Q15: because they have got the message

Q16: yes

Q17: no, not really. The DO knew about HIV/AIDS since a training on HIV/AIDS and STDs in 1992.

Q18: yes

Q19: cannot yet be identified

Q20: they will be more active. They are planning to perform at a secondary school.

Kupewa Drama Group / Mandala Drama Group

joint group interview with the two groups on 5 September 2001

performances on 22 August 2001

Q1: Kupewa Drama Group / Mandala Drama Group

Q2: second day of existence / third day of existence

Q3: 9-36 years / ?

Q4: Masakamika

Q6: they discussed the topic as a group and came up with a play

Q7: the extension worker introduced the subject, the groups made the play

Q8: this happens here / yes, this really happened in our village

Q10: from HSA and radio / things they have experienced. Both groups would like to get access to a lot of information

Q11: some members: school and church theatre

Q12: [this was their first performance]

Q13: three times so far / twice so far

Q14: theatre is a very good means to disseminate messages - people get entertained and learn at the same time - theatre as something to get messages across

Q15: because AIDS is one of the greatest threats - to disseminate prevention - because AIDS is still continuing

Q17: they can see some behavioural change in themselves - they avoid casual sex - no gender stereotyping (because they work in a mixed group)

Q20: they want to continue and to recruit new members / they want to have access to transport to disseminate the information to other places

Luntha Drama Group

interview with director on 6 September 2001

performance on 25 August 2001

Q1: Luntha Drama Group (one woman, four men - one man always acts in female roles)

Q2: for 14 years

Q4: Lilongwe

Q5: full-time actors

Q6: PSI listed a vacancy to work with a drama group in 1995. Before this Luntha Drama Group worked with the MoHP and won the MASO National Drama Competition (Media AIDS Society of Malawi)

Q7: the director produces the storylines in dialogue with the other members (discussions of plot, casting etc.) and looks for jobs

Q8: this is happening, based on information from PSI

Q9: they regularly sign a one-year contract

Q10: from participating at NACP workshops

Q11: starting at primary school, attending theatre workshops [*are you also facilitating theatre workshops?*] the director will soon facilitate a workshop for Inter Aid in the project moyo ndo wanu (life is for you)

Q12: one week per month for PSI and in secondary schools and communities

Q13: Wednesday and Saturday

Q14: it is their job

Q15: this epidemic is taking a lot of life - "I lost my sister and my elder mother from HIV" - "I do explain what I have seen, so others take care"

Q16: "yes, we have seen how the audiences ask us many questions"

Q17: "I learned a lot in the workshops, so I control myself because I know how dangerous HIV/AIDS is"

Q19: financial problems. They have to use public transport and get refunded by PSI

Q20: a bright future - they want to undertake many activities, as everybody in the group is depending on drama

Manyanda Drama Group

group interviews on 18 August 2001

performances on 18 August, 23 August and 30 August 2001

Q1: Manyanda Drama Group (manyanda - exciting)

Q2: since 1992

Q3: between 20 and 30 (seven members)

Q4: Lilongwe

Q5: all are full-time actors

Q6: all of them played drama before, during the time of the change to democracy. The director founded the group to perform on issues like human rights, democracy, and HIV/AIDS - to sensitise society

Q7: one comes up with an idea, they debate it and develop the play together, or: someone brings a script. Sometimes they create and improvise plays spontaneously.

Q8: yes

Q9: yes, normally

Q10: from the MoHP and local NGOs

Q11: all of them have been performing for a long time

Q12: they act in radio plays every second day and conduct three to four theatre performances a month.

Q13: three times a month

Q14: it is their talent

Q15: to let people know how dangerous HIV/AIDS is and to show them the way forward - "I've lost some of my friends so I perform with a knowledge of what it is" (male)

Q16: yes, definitely - through performance they change people, who learn from their behaviour

Q17: "poverty affects you but it doesn't kill you - it is better to survive in poverty than to suffer from AIDS" (female)

Q18: yes. [to actress: *what would you think in reality about the situation with the husband in the play?*] "I'd be happy - he has saved his life and mine"

Q19: funding and transport and the lack of training on theatre and HIV/AIDS

Q20: the group can maintain if the money is there

remarks: [*do they use interactive methods?*] always. Sometimes people take roles, depending on the audience

Matunduluzi School Edzi Toto Club

group interview with the teachers on 7 September 2001

performance on 7 September 2001

Q1: Matunduluzi School Edzi Toto Club (about 100 members)

Q2: since 1994

Q4: from Ming'ongo School and the villages around

Q5: students and teachers

Q6: there was a "worldcamp for kids", when US-american students came to Ming'ongo and started something. The teachers decided to go on and found an Edzi Toto Club.

Q7: teachers supervise work of the students

Q8: yes

Q9: no

Q10: very old schoolbooks

Q12: once every term

Q13: the club members meet every Thursday

Q15: they see what happens to their communities and want to change something

Q16: yes, they help youngsters to abstain

Q19: lack of teaching materials and of all kinds of resources, but especially of

information on HIV/AIDS.

Q20: if they get a training on the topic they will be fine

NAPHAM Drama Group

group interview on 7 September 2001 (group members, in the presence of NAPHAM representative)

performance on 6 August

Q1: NAPHAM Drama Group

Q2: for three years

Q3: 21-24 (seven members: four men and three women)

Q4: Lilongwe

Q5: different

Q6: founded in 1999 by three men and three women. After being HIV-tested they thought about how best to get information on HIV/AIDS across and decided drama was best.

Q7: all are writers / composers, they discuss and rehearse their scenes in the group

Q8: this is what happens in the villages (referring on their play "Titani")

Q9: yes, for their NAPHAM performances

Q10: from NAPHAM

Q11: from secondary school and from under-five classes

Q12: every week (they also perform for other NGOs)

Q13: once a week

Q14: it is a hobby - it is their talent

Q15: to make their fellow youths aware of HIV/AIDS

Q16: yes, some people want to see it in reality form. A lot of people start getting interested in testing. NAPHAM representative: young people are asking for condoms and information on HIV-testing after the performances

Q17: "people recognize me on the street. And I have more information on HIV/AIDS now" (male) - two more group members state they learned a lot on HIV/AIDS, two say they earn their money from theatre now. NAPHAM representative: emphasises their exposure to the public.

Q19: they have no dressing rooms when they do outreach education and some organisations expect them to work for granted.

Q20: great future - one member likes the group to be exposed, to come on the main television programme, to extend to other organisations, to go to Zimbabwe and the US. NAPHAM representative: they should do plays in local languages *and* in English.

Njewa Drama Group

group interview on 23 August 2001

performance on 23 August 2001

Q1: Njewa Drama Group (five men, three women)

Q2: since 1991

Q6: in the beginning they were a family health group, since 1992 they have been integrating HIV/AIDS issues, now they are concentrating on HIV/AIDS. The group was founded during a family planning campaign of the Ministry of Health and Population.

Q7: they develop their plays in collective work.

Q8: this happened in the village

Q10: from radio, hospital, newspapers, health personnel [do they have enough

information?] yes

Q11: two of the members have made experiences in a church theatre group

Q12: once a week, in the villages around

Q13: three times a week

Q15: because a lot of people have died

Q16: "some do, some don't change their behaviour" [*what kind of behavioural change?*] A lot of people start using condoms [*where do you get condoms from?*]

Condoms are distributed by Plan International

Q17: their sexual life has changed

Q19: transport and they would like to get T-shirts

Q20: they try to continue until they see the problem getting better.

St. Anne's Drama Group

group interview on 25 August 2001

performances on 25 August 2001

Q1: St. Anne's Drama Group

Q2: since 1990

Q3: 21-36 years (five men, five women)

Q4: the members come from different areas around Nkhotakota

Q5: all but three employees of St. Anne's hospital

Q6: the group split from an other group, when HIV came up as an issue

Q7: the scenes are created by one person and discussed by the whole group

Q8: yes

Q9: no

Q10: from hospital leaflets

Q11: talent

Q12: every weekend in communities in various part of Nkhotakota district

Q13: twice a week

Q15: because HIV/AIDS is the biggest problem in the communities

Q16: yes, people are changing. If boys and girls meet, there is no way without condoms. They are getting before marriage.

Q17: "We try very much to be models"

Q18: yes

Q19: costumes and food (if they go to remote villages)

Q20: they will continue

remarks: their transport is supported from St. Anne's hospital. They feel the need for further training on HIV/AIDS as well as on theatre.

Other community-based groups

Masakamika I

performance (songs) on 22 August 2001

group interview on 22 August 2001

Q1: there is no special name

Q2: for three years

Q3: 35-48

Q4: Masakamika

Q5: farmer women. Altogether they are ten women: four church advisors and six traditional advisors.

Q6: this was the first time they were singing about HIV/AIDS, usually they perform at ceremonies. The decision was made the same morning.

Q9: no. For traditional ceremonies the village headman supports them.

Q10: radio, churches, hospital

Q13: in the past they met before the ceremony to get prepared, now they will meet more often.

Q15: because it is very important. HIV/AIDS is a severe problem in the villages and they are supposed to advise the youth

Q16: yes, "people will change and they have to"

Q17: no, they knew before

Masakamika II

performance (songs) on 22 August 2001)

group interview on 22 August 2001

Q1: there is no name, just a spontaneous choir

Q2: it is not really a group, but just some friends who decided the same morning that they would perform

Q3: between 14 and 18 years (six women)

Q4: Masakamika

Q5: one goes to school, others stay at home and work in the fields

Q10: church, radio, seeing people suffering

Q20: they want to continue as a group and would also like to play theatre

remarks: two are members of a drama group which meets twice a week. This group started two months ago and performs in schools and churches

Questions for discussion

Taskforce meeting, 4 September 2001, at ACB

- What is the current situation in the workplace and in the communities concerning drama activities?
- How can the formation of new groups be organised?
- What are the needs of the different drama groups?
- How can the new and the existing groups be supported in their activities?
- How can a continuous dialogue of the different drama groups be organised, so they are able to learn from each other's experiences?
- What are the other possible stakeholders in the agricultural sector (NGOs and private sector)?
- How does the NGO 'The Story Workshop' with its Action Theatre Project organise community mobilisation? How can the taskforce build on these experiences?
- What can be the future role of the taskforce?